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ORIGINAL COMMUNICATIONS

THE EVOLUTION OF THE TRAINED NURSE*

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GREAT as the progress has been in the science of medicine and surgery, with the consequent benefits to patients, the change and improvement in the management of hospitals, in all that large field which touches and yet extends beyond the doctor's duties, has not only developed and grown during recent years, but it may be said to have been the product of the period measured by the lifetime of the men and women of to-day. I refer to scientific nursing. I do not call it the profession of nursing, and I doubt the desirability of such a title, though the attainments of our nurses almost justify the use of the term.

It will not be practicable to enter into a description of details connected with the work; it is only the development and growth that I wish to illustrate, as shown by some historical references wherein the hospital of the past and the hospital of the present are placed in contrast. I wish the horoscope of the hospital of the future might be reliably read, for the work of improvement is going on, and to each institution is given the responsible duty not only to mark the time and keep the step which has been set, but to advance if possible the plane of achievement. . . .

The germ of the idea of a hospital as an aggregation at some

* Address delivered at the opening of the Nurses' Home of the Samaritan Hospital, Troy, New York.

special place of persons afflicted by illness is found in the temples to Hygeia and Æsculapius in Greece. There the wisdom of the priests early added to a ritual of prayer and sacrificial offering some rules of life and medicinal measures, more thoroughly enforced from the fact that their use was probably necessarily made a part of the religious ceremonial. Orderly and temperate living will bring physical benefit however it may be instituted, and in the progress of civilization it has been necessary to make use of incidental motives to secure methods of life the results of which were not apparent in the objects principally set forth. The idea of the aggregate care of invalids may have been measurably developed by such gatherings of the sick as must have occurred at the pool of Bethesda.

In the Grecian island of Cos there was a famous temple to Æsculapius to which many invalids resorted for the aid believed to accrue from the worship of the God of Health in that special locality. This gathering of many persons in search of health must have impressed the thoughtful observer who daily witnessed the different forms of disease, and as a matter of fact it was in this unchartered school that Hippocrates, who was born four hundred and sixty years before Christ, acquired the knowledge that enabled him to formulate the first truly scientific scheme of medical investigation and practice, a work that justly entitles him to be styled "The Father of Medicine."

Though in Egypt, whose motherhood of civilization could only be challenged by those who lived on the Euphrates, medicine attained a high grade of specialism in practice, rivalling even the modern subdivision whereby a patient may become confused and in doubt as to which specialist should give the necessary attention, still we have no evidence that the hospital idea entered into the Egyptian consciousness.

The Greek germ of the hospital, however, was lost with the change in the flow of events in history, and only reappears in later times when, as Lecky tells us, the first hospital was instituted about the year 379 by Fabula, a Roman woman of wealth and a friend of St. Jerome. On account of the state of the art of medicine in those times such institutions must have possessed largely the elements of an almshouse, wherein indigent and invalid persons could receive care. It is to monasticism, however, particularly the later form of that ecclesiastical development, wherein considerable numbers of monks were gathered into a community, that we are to look for the development and growth of the genuine hospital idea. In monasteries of considerable size it was soon found convenient and useful to set apart a certain portion of the buildings, under the title of infirmary, as a place for the care

and treatment of the sick brothers. From such a specialization in communal life it was but a step to the reception of patients other than the monks, and but another short step to the erection of separate structures specially designed for the care of the sick. The wave of charitable work which spread with the early development of Christianity resulted in the rapid erection of institutions for the care of indigent persons, and a favorite direction of such charitable work was the building of hospitals.

But the profound ignorance of the laws of hygiene which then prevailed caused these institutions to be more injurious than beneficial, for, though food and lodging were provided, the aggregation of large numbers afflicted with diverse maladies, together with overcrowding and ignorance concerning medical cleanliness and the principles of ventilation, resulted in the spread or development of disease rather than its cure, so that a hospital became a source of danger to those it was intended to succor.

One of the curious phenomena which marked ancient gregarious life was the indifference to or ignorance of the necessity for certain hygienic rules, and this after an exposition of the fundamental principles which would promote personal and public health by Moses which can be studied profitably even by modern hygienists. No doubt the directions for the care of the camp given in Exodus spread to Eastern nations, for otherwise the immense armies which made long campaigns in those days would have been unable to keep the field. Sir James Y. Simpson has shown that the Roman army in Britain had medical officers, which would imply that then some segregation of sick and wounded soldiers was probable.

Under the favoring influence of religious and sentimental emotions the development of hospitals spread throughout the civilized world, and where Mohammedan theocracy developed and prevailed it rivalled Christianity in the magnitude of its hospitals, wherein for a time was better preserved, taught, and developed the medical science of the day than in the Christian institutions.

That religion should find a place and expression in the organization of the early hospitals was natural, hence we find the title "*Hôtel Dieu*," or its equivalent, conferred on most of the buildings set apart as hospitals throughout Europe during the centuries from Constantine to comparatively recent times. But just as natural and logical was it that they should fail to be God's houses, not alone that sordid motives would naturally develop in the administration, but that no guiding light of definite knowledge was at the helm for a scientific direction of their affairs.

Therefore the *hospital* idea faded and the almhouse feature entered, so that with the broader interest in learning and science that came to these nations a few centuries ago and marked the close of the Dark Ages, there came a renewed interest in hospitals as places wherein to treat the sick.

It is not practicable for us to picture the hospitals of the past, only as it is done by descriptions given by contemporaries or through clues given by administrative records and accounts.

In those early and even quite recent days the position of the medical authority was far subordinate to that of the lay governor, and possibly properly so, for neither by qualifications nor by *esprit de corps* was the average sample of our early medical ancestors entitled to a large measure of respect or confidence. While it is the glory of medicine that its best and most useful exponents have made it a vocation and not a trade, the commercial spirit has always existed, but was even more prevalent in the past than now.

This inability of the medical officers through their own want of qualifications, or through their lack of official influence, to infuse into the administration an active and persistent effort to do all that could be done for the poor creatures who came within the hospital walls led to a condition of moral, physical, and medical degradation in these institutions. One illustration will suffice to show the difference between the modern hospital and so noted a one as the Hôtel Dieu of Paris two centuries ago.

As is known to you, the bedstead with four high posts is the survival of the large box which could be closed at night, and which for economy in the matter of heat was used by our ancestors as a sleeping-place, wherein several persons would lie with the sides tightly closed during cold weather. Economy of space in the small dwellings of early times was an additional reason for this gathering of a whole family into one large bed, but the putting of several persons into one bed was also a custom in many hospitals at a time far this side of the Dark Ages.

When we realize that care to separate the sexes and to segregate cases of infectious disease was not manifested by the administrative authorities, and that six or eight men and women were put to bed in what we may style a large crib holding some straw as a mattress, we may realize the reason why the medical profession was finally aroused to protests that brought reform even before the ecclesiastical authorities awoke to the depth of degradation to which hospital management had sunk.

But the leaven of reform finally found a lodgement, and attention

to cleanliness, ventilation, and the simpler elements of sanitary control became the rule in most hospitals.

Though the improvement was great, at least by contrast, still even as late as the student days of the elderly men of to-day what may be termed the moral, humane, and scientific work in a hospital lacked the more delicate and definite character which is known at the present time. There was a coarseness in the care and discipline of the inmates of hospitals of that period that would be revolting at present, but did not seem so specially obnoxious then. This in a great measure was due to the inferior moral and social status of the hospital attendants, it not being practicable to secure as orderlies and nurses persons who by association and training were gentle in thought and deed, and clean in person and way of living. This defect in the nursing of patients was early apparent to the medical officers, but it did not seem possible to remedy it.

The difficulty in securing good nursing was shared by those who through wealth could command and pay for attention and care. Our ancestors, when in need of the services of a nurse, were usually obliged to submit to the ministrations of some "Sairy Gamp," unless favored by the care of some relative or friend whose common-sense and kind heart prompted to the simple but useful attentions of the volunteer nurse.

In some religious organizations certain guilds had been formed for the care of the sick, but as a rule the service did not go beyond the sentimental ministrations of the devotee. This statement is made with a high appreciation of the virtues, usefulness, and goodness of the members of nursing sisterhoods, but the nurses were not trained, and each could only absorb a little knowledge by observing the work done by the physician or surgeon.

But a spirit of improvement had arisen in many relations of life. The protest registered by the establishment of new social ideas in New England and elsewhere was bearing fruit, and cleanliness of life, with altruism as a motive, was becoming recognized in the social fabric.

Elizabeth Fry, a wife and mother, began her effort to improve the condition and opportunities of the women prisoners in Newgate in 1817. From an account of her life and work the following quotation is made: "Though dissuaded by the officers, she worked a miracle in an incredibly short space of time. The ward into which she penetrated was like a den of wild beasts; it was filled with women unsexed, fighting, swearing, dancing, gaming, yelling, and justly deserved the name of 'Hell above Ground.' Within a month it was transformed, and presented, says an eye-witness, a scene where stillness and propriety reigned,—the wild beasts were tamed."

The ability to do such work is a gift, but not a gift without the need of cultivation, development, and direction. Mrs. Fry had gone in and out among her needy neighbors, where the debasing influence of the vicinage of Newgate developed the traits that furnished material on which she made her first ventures and learned her methods of securing confidence and winning control. Then her devotion to the principles and practices of the Society of Friends, which she had joined, may have aided in developing her methods. She did a work even more striking than that of Howard, for she began with the most serious problem connected with penology, and without aid and only a woman's strength accomplished almost a miracle.

(To be continued.)

CLEANLINESS IN SMALL THINGS

By HELEN C. JENKS

Philadelphia

WE are all impressed by the germ theory of disease, we all feel that we must wash our hands frequently, that we must use clean clothing, and that, if we have been with a person who is ill, we must be especially careful on these points, lest we carry infection elsewhere or suffer from it ourselves. In dressing a surgical case we are taught that more than ordinary cleanliness is necessary—we must not only wash, but disinfect. We must beware of blood-poisoning, we must be vigilant to the last degree. All this is good, a great advance beyond the sanitary methods practised only a quarter of a century ago, and yet how inconsequent we are! If we really believe that germs are lurking everywhere, if we know that dirt—that is, “matter out of place”—helps them to grow and spread, why do we not take more heed in our daily lives?

Notice the dirt on the *inside* of windows. It does not show quite as much as the dust and raindrops *outside*, but it accumulates very fast and seems to be composed of the particles which always float in the atmosphere, and which are lightly glued to the glass by the moisture coming from the breath of persons living in the room or from other dampness. Frequent polishing keeps our *windows* bright, but meantime the walls are probably covered with the same light film, invisible where light does not shine through it. It is the custom not to clean wall-paper except by brushing or light wiping once or twice a year, and never to change it until it really shows the dirt. A handsome and

expensive paper wears far longer than a cheap one and may be left on the walls for ten, fifteen, or even twenty years. We would consider ourselves disgraced if the inner side of our windows was unwashed for that time.

Once in a London boarding-house I found the landlady covering her furniture with bright chintz. I expressed astonishment that in so smoky a place she should use light colors, but she explained that she did not want things to conceal the dirt. "It is far more cleanly and healthy to change the covers frequently, and I must do it if they *look soiled*" was her reply to my criticism.

Then about gloves. Do we always see that our hands are clean when we put them on? Suppose a district nurse goes to a case where there may be contagion—certainly these are abnormal conditions—and she does not stop to wash carefully, thinking she can do it better at home, puts on her gloves, and goes to another case, and repeats the same thing for many days, is it likely that those gloves are really clean and her hands safe to use for surgical work or in the case of those who, enfeebled by illness, are ready to take new infection?

With trunks people are careless too. Soiled clothing, boots, etc., are packed together and the lining of the trunk in no way protected from the dirt—probably not easily perceptible to the eye—which rubs off upon it.

The closets where our garments hang are often close and disagreeable, which means there is more or less stale dirt clinging to their walls. A delightful way is to have windows in closets, but as that is seldom possible, the next best method is to thoroughly ventilate all wearing apparel before putting it away, and also, if possible, have the closet door left a little ajar or an opening made at the top.

There are many other little ways in which we are all careless, and nurses who go from house to house must often be much tried at those which are especially dangerous, but a nurse also often has it in her power to hint at better things, to show by her own scrupulous care what real cleanliness means. She would rather be without handsome window curtains that see them when the slight grimy feeling and dingy edges indicate a use for months without washing. She too prefers her calico dress to all others while she is at work. She errs on the side of extravagance rather than let her patient be without clean towels, sheets, etc. A well-kept sick-room is one of the most immaculate spots on earth, and, except when the nature of the disease makes it impossible to control all odors, often the most sweet and refreshing part of the house.

What a nurse can do for the one place she is trained to watch over we should all strive to imitate in other corners of our daily life.

IS EXCLUSION EFFECTIVE?

By L. L. DOCK

New York

STANDING, as we do, at the entrance of an era of organization among nurses, how many of us have really gone consecutively through a course of "thinking things out" logically as to what we want to do and how to do it? What principles lie at the foundation of our organizations? What is our goal, and how shall we manage the transition period between? Do we remember too that we shall never get anywhere to stop, but that when we reach what we now think to be our goal we shall see others beyond, with, most likely, other transition periods to pass through?

If we sit down and recall all the history we are acquainted with in regard to our various organizations, I think we will admit that they have all been largely influenced by the spirit of "caste," and that petty distinctions, more or less artificial, have been given an undue importance in their formation.

The caste we clung to was not one of birth or riches, but of what we conceived to be a superior professional education, and our first care, in the beginning of organization, was to associate only those who held certain external evidences of similar training and to leave every one else out. Our first organizations were of a passive nature. They were not active or creative. The "exclusion" plan was contemplated almost with veneration. I well remember that my own convictions, some time ago, were that the only possible way to maintain high standards in nursing education was to bring together the select few and hold them carefully aloof from all the less distinguished, and it seemed, indeed, that any other course would be equivalent to a denial of one's belief and a betrayal of one's principles on professional matters.

The observation and experience of a number of years have entirely modified these convictions. After being grounded in the exclusion principle, and after working for some time with a full belief in its correctness and sureness, I have now rejected it, or, rather, after a long, slow decay it died peacefully in my mind, and I would now willingly hasten its demise in the minds of others.

Now those who excluded were conscientious. We revered the ideal of true nursing education and wished for it to be attained everywhere. We did not exclude from personal ill-will or from spitefulness, but because we honestly thought we were right. It seemed the only way. But now, as impersonally and abstractly as I once held this view, I

now impersonally discard it, not with reproaches or accusations of narrow-mindedness, or criticisms of any kind, but simply on the practical ground that it is ineffective; that it is weak and futile; that it has never actually done what we wanted to accomplish. The cause of the education that we have at heart has in no way ever been advanced by the exclusion method. Those who have practised it the most have gone back or stood still, and our best successes have resulted from modifying our "caste" ideas.

I believe that as we modify them more and more in the future, we shall be more and more active in our progress. We aim at a general standard of good all-round training. Now, how can we best bring it about? If there is a little hospital somewhere that we think is not giving its nurses a good training, and we want to bring it into some general scheme, are we more likely to make the desired impression upon it by saying "Keep away from us," and in the next minute, "We are an example for you to follow," or by entering into helpful and friendly relations with it and by trying to help solve its problem?

The exclusion method belongs to the old static conception of the world and society; it is of the type of thought which held everything to be definite and fixed; when special acts of creation were believed in, and when people were told, "Let everyone be content in that sphere of life in which he has been placed." Is it not time to lay it away with the other outgrown habits, and conscientiously act in accordance with the theory of progressive development, seeking affiliation with all who have kindred enthusiasms and making common purpose the true test of membership in our young and growing associations?

THE DUTIES OF AN OPERATING-ROOM NURSE

By MARTHA LUCE

Boston City Hospital

(Concluded)

THE room being ready, the sterile goods are taken in and placed on a side-table. Four large basins are conveniently placed for disinfecting the hands. These basins should contain respectively a solution of corrosive sublimate (1 to 5000), a solution of permanganate of potassium (1 to 20), a saturate solution of oxalic acid (two parts) to hydrogen of peroxide (one part), and sterile water. The rubber gloves may be placed in the sterile water after they have been boiled. The salt-solution is kept at the proper temperature by placing the flasks in hot water.

The operating-table is padded with folded sheets for the patient's comfort, and small pads are provided for the protection of any part subjected to great pressure due to prolonged elevation of some part of the body, as in the Trendelenburg position, where pressure comes on the shoulders from the braces which support them.

On the etherizer's stand should be placed, besides ether and the ether-cone, a hypodermic syringe, stimulants, tongue-forceps, a gag, a basin, towels, and gauze. Tables are provided for the instruments, etc., and receptacles for soiled sponges.

While the ether is being administered in an adjoining room, the surgeons prepare themselves for the operation, the operating-room nurse assisting them with their gowns and head-coverings. She opens sterile goods which they need, and brings in instruments, etc., in the trays in which they have been sterilized. She then prepares herself as they have done, scrubbing her hands and arms above the elbows with soap and water for five minutes, rinsing them with running water, then successively putting them through the permanganate, oxalic, and corrosive solutions. Next she puts on her sterile gown and rubber gloves, and is ready when the patient is brought in.

The table for the instruments is covered with a sterile sheet, and there is another one covered in the same way for the sponges, ligatures, needles, etc., which are the nurse's special care.

She counts the sponges or strips in each package as it is opened, the assistant nurse recording the number, to be compared with her count of the soiled ones, which follows the operation if it be a laparotomy.

The surgeon, his assistant, and the operating-room nurse are sterile for the operation, and there are usually another assistant surgeon and nurse, who are not sterile, to attend to many of the minor details in the operating-room.

The operating-room nurse assists the surgeon with sponges, ligatures, and sutures; she keeps instruments clean and ready for use, and is sometimes required to hold retractors or specula.

She must be familiar with the names of all instruments, and anticipate as far as possible every requirement of the surgeon. Much depends on her intelligence and quiet self-possession. After the operation she assists in applying the aseptic dressing and the bandages or swathes.

When the patient is taken out, all soiled sheets, gowns, sponges, etc., must be removed from the room, the instruments must be cleansed and polished, and the room put in perfect order. Any stains on the floor should be removed while they are fresh.

The instruments are scrubbed with cold water first, then with soap and hot water; then they are boiled as before the operation, and

finally dried and polished. All knives are sent to be sharpened after being used once, and all other instruments are sent to be repaired whenever it is necessary.

Rubber gloves are tested with water for punctures, and if perfect are washed, boiled for three minutes, dried quickly with towels, and powdered on both sides. Punctured gloves make very good examining gloves, cots being used to replace the punctured fingers, which should be cut off. (Rubber gloves are very expensive, and in some cases white cotton gloves which have been sterilized may be used by the nurse as a substitute.

Requisition lists for all supplies and repairs are sent in by the operating-room nurse, and this adds one more to her many duties.

In all her work let the operating-room nurse remember that each duty, however small, is important, and that each successful operation is in a measure due to her faithfulness.

LYSOL is not a favorite with all surgeons because of its soapy properties, but in some cases this is an advantage; for instance, when used for the disinfection of catheters, it precludes the necessity of any other lubricant. This fact is not always appreciated, but we will do well to bear it in mind, remembering at the same time that few lubricants are sterile.

ARTICLES of clothing intended for disinfection in the steam sterilizer should not be folded. Boots, shoes, rubbers, kid gloves, buttons of horn, fur-trimmed garments, feather-trimmed garments, overcoats, articles made of skins, hats, caps, velvets, etc., are all injured, and many of them ruined, by subjection to disinfection in the steam sterilizer.

THE power of carbolic acid as ordinarily used in solution is preventive rather than destructive, hence the term antiseptic. It is, however, destructive in the stronger solutions, as five per cent., and its destructive action may be increased by a slight increase in temperature. It is so little influenced by albumin that it is naturally widely used in place of more powerful disinfectants.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL MCISAAC

TRAVELLING WITH A PATIENT

By MARY CLOUD BEAN
Chicago

MOST of the rules for the general traveller at home and abroad apply as well to nurses as to other people. Add to any good epitome of these, selected from the current articles of the day in magazines or in works on travel, a few points on medicines and other exclusively nursing matters, supply your nurse with a little previous experience in travelling alone, and equip her with the common-sense essential to every nurse, and a trip across the continent of America, or over the ocean and through Europe with a patient, is rather a simple affair. Naturally, it is not to be regarded as the nurse's trip, her one opportunity of seeing the world. Though the nurse may and does, as a rule, obtain much knowledge and not a little pleasure out of a long journey, first of all must come the patient and the patient's comfort.

Travelling with a very ill person is never to be commended for ease, either for the patient or the nurse, and in America a great difficulty arises at the very beginning in boarding the cars—our sleeping-cars will not admit of the introduction of a stretcher except through the window. A patient too ill to be borne to his berth in the arms may be made fairly comfortable in the baggage-car, on a cot or stretcher, for short distances. Do not forget the hospital ambulance where this may be employed.

French and English cars lend themselves more readily than ours to the entrance of a stretcher, and, of course, it is comparatively simple to take a patient on board ship in such a manner. An obliging ship-carpenter has been known to construct the stretchers for landing a patient, and they will oblige one to any extent almost on board ship with articles from the ship's hospital, provided they have them. It is unwise to depend too largely on their being found there. Both steward and stewardess are very much at the service of the patient and nurse and are usually skilful in helping, for they are more or less trained by the many

miserable travellers who become unfit for the deck. They expect a pretty good fee.

As to railway trains, there is much yet to be thought out for the comfort of ill people, unless one can afford an American drawing-room car or take a state-room. In this, with a well-stocked buffet car, unless the milk supply gives out, there is little else to be desired. The ordinary day coaches in Europe, first or second class, also third in England, permit of considerable comfort, and by taking a whole compartment one is quite private. A good bed may be arranged on the long seats by utilizing a rug or two and pillows, which should always be at hand, in a strap. You will need rugs in Europe for warmth, for even in summer it is often cold on the cars, and winter travelling imperatively demands them. Hot-water bags, filled just before starting out, are useful, and if more hot water is unobtainable en route, your alcohol lamp and cup will make it simple to reheat the water and refill the bag. Take along your medicines and nursing appliances in a bag set aside for the purpose, if you need many, and do not skimp them. It may be your fate to find you have left behind the very thing you need if you economize too closely in space. It is absolutely essential, also, to have with one everything necessary for the night in the way of clothing packed in a small hand-bag in case of tardiness on the part of trunks. Porters are usually on hand to carry bags for small fees. If very necessary toilet arrangements are sometimes lacking on European trains, they may be found at the stations, where there are sometimes ten-minute stops and frequent changes of cars.

In starting on a journey allow plenty of time for buying ticket and looking after baggage, especially in Europe, and remember that the Continental mind, at least, does not know the meaning of American speed. The Swiss official who cannot weigh and label his steamer trunks in three minutes may be incomprehensible to the New York man who misses his train thereby, but he exists nevertheless. There being but little free baggage allowed in Europe, this weighing must always be done. The same rule for nursing articles applies as well to clothing in travelling,—take all you need, for while too much baggage means burdensome packing, too little entails deprivation and possible shabbiness.

When going to Europe it is advisable to have prescriptions translated into the language and pharmacopœia of the countries in which you expect to travel, else it may be impossible to get them filled—and without a prescription a nurse must present her badge or diploma in order to obtain even simple *nux vomica* from a chemist abroad. Purchase nursing supplies, as far as possible, at home, especially rubber articles, which are very expensive across the waters. Clinical thermometers are

scaled, of course, according to the usage of the country, and one would better take along a familiar Fahrenheit.

Make your journeys by easy stages, especially in Europe, where the hotels, even in small towns, are comfortable, and an over-night stop is easily arranged. Take top-floor rooms when possible; they are quieter and cheaper, and as there is usually a lift one need not consider stops. Good food, well cooked, is far more common in Europe than America. Restaurant bills of fare, of course, simplify the selection of an invalid's meals, but if *table-d'hôte* is preferred for reasons of economy, a dish may often be exchanged from the restaurant menu. It is rather a good idea to inspect the bills of fare before mealtime and arrange for what is wanted.

On foreign restaurant cars good food and milk in small quantities are usually obtainable. Diligences stop for meals at good hotels as a rule. If milk is essential for an ocean voyage, it may be taken in any quantity and placed aboard in cold storage; but see that it is really in cold storage, or you may find it turning sour. Milk practically sterilized will keep anywhere, and inquiry at a good drug store will enlighten one as to how it may be obtained. A moist towel wrapped about a bottle of milk or water will insure the coolness of the one and the sweetness of the other for some hours. People who are puzzled about the system of fees in Europe may settle the question of amount by putting aside one-tenth of the hotel bill for fees, to be distributed in ratio of services to the various employees of the hotel; and the trouble of distribution disappears when to the management of the hotel is entrusted the bestowal thereof on its employees. But it is really worth one's personal attention, after all, to receive the gracious thanks of faithful servitors. Give a fee, however small, to everyone who does you the slightest service. Servants in Europe really serve, and as they receive the meagrest of compensation from their employers, it is their due to be well paid by the travellers, and hotel bills being so much less for corresponding comfort in Europe than in America, this feeling is no very heavy drain upon one's purse. Remember that not two or three individuals, but anywhere from ten to twenty-five servants look for fees each week from the visitors at a Continental hotel.

Learn the language of the country in which you expect to travel, if possible, especially if this country be France, for the French approve of their own tongue, and it is current in nearly every country. However, this point is not vital, for the average European possesses a good notion of pantomime, and a person of intelligence soon picks up the words necessary to ask for things anywhere.

Do not make the mistake of trying to see too much in travelling,

especially of exhibitions and picture-galleries; they are fatiguing even to strong people, and for invalids practically impossible. Get at the people of the country and their life if you can, read your Baedeker, see a few typical buildings, and enjoy the scenery, and you will have received all there is for you out of a trip with a patient through Europe.

ANTISEPTIC SOLUTIONS AND DUSTING POWDERS

By JESSIE BREEZE

Chicago

THE following statistics have been compiled from information obtained from eight of the best hospitals in the large cities of the United States, the methods of making solutions in all these hospitals varying little in essence, if a trifle in detail. All are made with sterile water; whether from a modern steam sterilizer, or boiled an hour in a closed vessel on an ordinary stove, makes little difference in the results obtained.

Only one hospital reported using *green soap* as an antiseptic, but it is certain every one of them use it daily—either in the form of paste or tincture—to cleanse and begin the sterilization of hands and the field of operation.

Bichloride of mercury is used in all the hospitals in strengths varying from 1 to 500 to 1 to 10,000. In some it is made from tablets which contain, besides the mercury salt, ammonium chloride, which helps to make a more stable solution. In other hospitals the corrosive sublimate solution has a double quantity of common salt added for the same purpose.

Carbolic acid from one per cent. to five per cent. is used in all but one hospital, and is made by adding sterile water to the crystals, or ninety-five per cent., and mixing thoroughly. Alcohol or glycerine may be added, but are of no particular advantage. If ninety-five per cent. is used, cold water can be shaken with it; but if the melted crystals, boiling water only can make a thoroughly safe mixture. All but one hospital reports the use of *boric acid* in saturated or half-saturated solutions, easily made by putting the required amount of crystals on a sterile linen or cotton filter and pouring boiling water slowly through.

Permanganate of potassium, saturated solution, or the color of port wine, with *oxalic acid* solution for bleaching, comes next, only two reports failing to mention it. One hospital sterilizes it after it is made, the others make it as needed, a very good way being to put

a few crystals in a sterile gauze sponge and suspend carefully in the sterile water until the desired strength is obtained. The oxalic-acid solution is used to bleach the hands only.

Formaldehyde, or formaline, one-fifth per cent. to one per cent., is used in five hospitals. The liquid, although only forty per cent. in strength, is used as if full strength, thus: to make a quart of the one per cent. solution, two and a half drams liquid formaldehyde would be needed to a quart of sterile water.

Lysol, one per cent., is used in four hospitals. Lysol is a comparatively new antiseptic of coal-tar origin, said to be far superior to carbolic acid, a one per cent. solution being equal in antiseptic qualities to a two and one-half per cent. carbolic-acid solution, and not irritating. Two hospitals report the use of *creolin*, another coal-tar product, which goes by four or five other names. A milky solution and as strong as two per cent. are the strengths used. This is much cheaper than lysol.

Thiersch's solution, consisting of one hundred and fifty grains of *salicylic acid*, dissolved in one quart boric-acid saturated solution, is best made by dissolving the salicylic acid in a little alcohol and adding this to the hot boric solution.

Crenasol, a non-poisonous substitute for carbolic acid which is new within a few years. It is used pure for sterilizing the hands and the field of operation (like ninety-five per cent. alcohol) and in solutions of one-half per cent. to two per cent. for other purposes. The Jeyes Sanitary Compounds Company, of Montreal, are the manufacturers.

Iodine solution the color of sherry wine is sometimes used.

Protargol, an albuminate of silver manufactured in Germany, is used in some hospitals as an astringent and bactericide in solutions of one-half per cent. to two per cent. It is best made by putting the powder on the top of the sterile water and allowing it to slowly fall through of itself.

Acetate of aluminum, saturated solution, is used occasionally in some hospitals for moist dressings.

Normal-salt solution was mentioned in five reports, but it is certain that the other hospitals use it. It may not be considered an antiseptic solution by all, but it is too freely used in operating-rooms these days not to mention it in this list. Many hospitals keep a concentrated or "stock" solution from which the normal solution is quickly made by adding the required amount of sterile water at any temperature desired. Two formulæ for "stock" solution are as follows:

(a) Put a quantity of table salt in a clean vessel and add enough water to nearly dissolve it; cover and boil twenty minutes or half an hour. Keep in a sterile bottle or dish closely covered. Five drams

of this solution added to a quart of sterile water makes the required strength of six-tenths of one per cent. (b) Put three ounces by weight of table salt in one pint of water; boil one-half hour in a closed vessel, and when cold make up the loss of water by evaporation to one pint again. Keep in a sterile vessel and use one ounce of this solution to the quart of sterile water for normal-salt solution. Ordinary table salt contains, besides sodium chloride, a little calcium chloride and sodium phosphate in variable quantities. This is an advantage in the normal-salt solution, these salts being found normally in the blood.

Alcohol is reported by six hospitals, but, like green soap, all use it.

Sulphuric ether is, in these days, considered necessary to take the oil from the skin in sterilizing the field of operation.

On the whole, it is not so much the new materials as the new methods that trouble those of us who have been out of hospital work for some time.

Dusting powders are used much less to-day than ten or more years ago, and the tendency is to use less of them.

Iodoform still holds first place in spite of its disagreeable qualities, being used in each of the hospitals heard from, although sparingly used in comparison with former years.

Boric acid impalpable powder comes next.

Aristol, made from iodine and odorless, is commonly used. This is a proprietary substance manufactured in Germany.

Bismuth subnitrate is quite extensively used.

Bismuth subgallate, or *dermatol*, only moderately.

Salicylic acid is used occasionally and is not uncommon combined with boric acid in the proportion of one part salicylic acid to four or five of boric-acid powder.

Protargol is occasionally used as a dusting powder; also *acetanilid*, *carbonate of magnesium*, *lycopodium*, and *oxide of zinc*.

Nosophen, a powder with the strength of sixty per cent. iodine, is manufactured in Germany and used in this country occasionally.

Antinosine is also made from iodine in Germany, but is used here very little; in fact, none of the reports mentioned it.

Orthoform, an inodorous substitute for iodoform, manufactured in Germany, is seldom used here.

Chinosol, twenty parts combined with boric-acid powder one part, is used sometimes. *Chinosol* is manufactured in England.

Some hospitals put the powders in test-tubes and sterilize in the steam sterilizer; others do not sterilize them at all. A simple although probably not very effectual way is to put the bottles containing the

powders in a hot-water bath and boil one hour. Iodoform is difficult or impossible to sterilize by heat, too great heat decomposing it, setting the iodine free.

AN OPEN LETTER WITH ANSWER

DEAR MISS McISAAC:

I want to thank all you good women for giving us such a fine magazine as *THE AMERICAN JOURNAL OF NURSING*. I am a subscriber, and am always trying to get others to join, as I think it is what we, as nurses, have long wanted. I would like to ask you some questions, and would so much like you to answer through the *JOURNAL*. I am a private nurse, graduate of the _____ Hospital in _____, and have been nursing for nine years. In all my reading I see so little in regard to the private nurse. All seems to be said for and of the nurse who works in hospitals or institutions of all kinds. No nurse, I think, shows her training and education more than the private nurse, for she really stands alone. All we ever see in print are such things as "The Private Nurse's Outfit," and "Prices of the Private Nurses." We all know that, but we crave more, and really deserve more recognition. I have always tried to keep in touch with all practical points in private nursing, but see so little in print. I have been trying for the last year to form an *alumnæ* association at our school, but have almost given up all hope of so doing, as the nurses seem so slow to grasp the advantages of such a step. I sincerely wish that you good women succeed in making it compulsory for all to join such associations. A private nurse, it seems to me, is so isolated in her work, that I think the people should be educated how to appreciate her, and also that all directories should be in her hands. We are an intelligent set of women, and should be able to govern ourselves. I am very anxious to attend the meetings that are to be held in Buffalo this September. How am I to do it if our school has not formed an *alumnæ*, so that I could be admitted as such? But as I am only a private nurse, will I be allowed to enjoy some benefit if I attend, or, in other words, would I be granted admission? The private nurses are just as anxious for organization as hospital nurses, and yet but little place or attention is given us. Why is it? Now, I would be so glad if you could answer us through the columns of the *JOURNAL*, and tell all private nurses why we are not given more recognition in the affairs of nursing. True, our time is more taken up. I would like to hear how others feel on the subject.

Very cordially yours,

A PRIVATE NURSE.

PRIVATE NURSES:

It should not be forgotten that new nursing methods originate largely in hospitals, where there is a congregation of patients, doctors, and nurses. This is quite natural, as the place and its conditions afford opportunity for observation and experiments which are out of the question in private duty. Again, quite naturally, these are written about by hospital doctors and nurses, which may account for some of that prominence of which you speak.

On the other hand, it would seem that every nurse engaged for any length of time in private duty must have much knowledge which if spread abroad would be of great value to others less experienced. From the stand-point of time the private nurse often has far more time than the nurse in a hospital, although it is irregular, but the *private nurse rarely offers to write*, and very often positively declines to add her quota to the general fund of information. I do not speak from hearsay, but from many rebuffs.

Take the department of the JOURNAL for which I have been trying to do something. It surely ought to be in the hands of a private-duty nurse; but of the thirty thousand trained nurses said to be in the United States I wish I could say that one private-duty nurse had volunteered a single word of information for the department. A large number have responded most cordially to my requests, for which I am profoundly grateful, but there is still a great army which might do so much, yet does not. If they would only signify their willingness to work, "recognition" would come so fast they would not know what to do with it, because, you know, "recognition" always means that *you must do more work*. I think all nurses agree with your idea about the *alumnæ* societies being the solution of the problem, for in them lies our professional salvation. You say that the private nurse is as anxious for organization as the hospital nurse," which I do not quite understand, or else you do not quite grasp the *alumnæ* association idea. The local and associated *alumnæ* societies are composed of fully nine-tenths private nurses, but from experience and hearsay I know that it is often impossible to persuade the private nurse to serve in a working capacity in the local societies, the plea always being lack of time. In many instances members in hospital positions are obliged to fill these places or the society disbands. I do think that the superintendents have much to answer for in regard to *alumnæ* organizations, as far too many of them are indifferent to the welfare of the societies and take no pains to instruct their senior pupils in the value the *alumnæ* association will be to them when they are no longer in the school. I disapprove very strongly of the superintendent being president of the *alumnæ* associa-

tion, but I think it is one of her duties to organize it and get the senior nurses ready for it, and to help, encourage, and advise in every possible way. If any nurse needs reasons for belonging to such an organization, let her read carefully Miss Dock's fine paper upon "What Will the Associated Alumnae do for Me?" in the November JOURNAL. The very fact that the private nurse is so isolated makes it more important that she should take an active interest in all these public movements. There is not a woman in the nursing profession in America to-day of any recognized ability who has not labored long and hard, not for "recognition," but because she recognized a field crying out for laborers.

In regard to the directories being in the hands of the private-duty nurses, I agree with you perfectly. This plan is being adopted in many cities; not always successfully, but it will no doubt gradually become established generally. The difficulty has been and will be the same as I spoke of in the alumnae associations, namely, in getting private nurses to assume the financial as well as the professional responsibility of this management, because a directory cannot be managed on good-will alone; it needs money and good business capacity to make it successful. A directory which is a part of its school can be run much more economically than when independent, the latter having many expenses, such as rent, telephone, board, etc., which are purely nominal when connected with a school.

The International Congress of Nurses at Buffalo will be open to all nurses, whether they be members of an organization or not, only the executive sessions will be for accredited delegates alone. A small admission fee will be charged all American nurses to help defray the many expenses.

The simple sum and substance of what I have tried to say is just, *work*, and I do assure you, my dear Private Nurse, that if you will only show your willingness to carry some of the load, the other toilers will joyfully embrace you and all your kind with glad and grateful hearts. I, for instance, am anxious to put myself under obligation to you for suggestions and information in practical points on private nursing in THE AMERICAN JOURNAL OF NURSING, and I truly hope to hear from you individually and collectively.

Very cordially yours,

ISABEL McISAAC.



EDUCATIONAL

IN CHARGE OF
ISABEL HAMPTON ROBB

ETHICS IN NURSING *

By ISABEL McISAAC
Superintendent Illinois Training-School for Nurses

UNFORTUNATELY, too many people regard nursing as a mere occupation, not a profession, and such persons fail to recognize its ethical side, which should stand for the highest morals in human life. Nurses, like many other women, are prone to confuse points of etiquette with ethics, forgetting that these points, like good breeding, should be the "outward expression of the inward grace;" and still further we are apt to regard the religious orders of nursing as behind the times, instead of giving them credit for all that is best in modern trained nursing. Granting that they are sometimes lacking in technical skill, other qualities, such as order, system, and devotion to duty, are present in a much larger degree with them than with us, and have been for many centuries. Their huge hospitals and charitable institutions were notably well managed ages before trained nursing was thought of, and in no country was there ever the neglect, abuse, and overcrowding of the sick which obtained in England during the last and present century before Florence Nightingale went to Germany to learn from the Protestant sisters of Kaiserwerth how to remedy the evil.

For many years our courses of instruction were devoted almost wholly to technical lines, but gradually we have learned to recognize the necessity of something higher and better, until now all good schools of nursing begin the teaching of right conduct with the first day of duty, and end it with the course, when the alumnae societies must take it up.

A certain class of people profess to decry our extended theoretical teaching, but that extension would never have begun had there been no demand for it from the medical profession and the public. To a great extent this higher educational development brings a better spirit and better work, but through it all there should be for every step enlightenment on its ethical side. Quite as important as teaching the young

* From *St Luke's Alumnae Association Journal*, Chicago.

nurse to give her first bath is guidance in the dignity of her demeanor,—the self-respect which shall compel the respect of her patient, no matter how low down in the scale of humanity he may be, or how menial may be her service to him, and also that she is taught to realize that dignity, honesty, and purity of manner and speech are as essential with women as men patients; that no poverty, degradation, or previous condition of servitude of the patient excuses lack of respect or flippancy of manner in the nurse; that in carrying out orders for a patient in any grave condition there must never be lost sight of the family, to whom the crisis means so much; that every woman of decent instincts regards with quite as much respect and awe the beginning of life as its end, and no circumstance can excuse that beginning being made a subject for jesting or gossip; that while loyalty to a doctor includes courtesy and kindness, it does not include familiarity or personal attentions to secure his friendship and indulgence, or her assistance to him in unprofessional methods or work. To many a young nurse unused to the ways of the world this lesson is difficult to understand and is often learned only by unhappy experience. And so on through the whole category of a nurse's manifold duties we have ever the ethical side, which may not be disregarded. These things must be a part of the woof and warp of her daily life, not something to be only practised after leaving her school, like small children who are only taught company manners.

If our schools were more careful in the selection of candidates and in creating a better atmosphere for these pupils a large proportion of the justifiable criticism now heard of the lack of ethics among us would be done away with. That this forethought and right spirit are lacking in a majority of schools for nurses cannot be denied, consequently good nurses and good women must suffer. There are said to be thirty thousand nurses in the United States. Let us each ask ourselves how many are known to us personally whom we would wish had chosen some other profession.

First of all in the bottom of our well lies truthfulness of manner, of speech, of life, of work, and which is not afraid. Next, professional pride; not the pride of mere commercial success, but the honest pride of work well done, and satisfaction in the faith of doctors, patients, and families where we have been admitted into the innermost part of their lives. No other class of people, not even the clergy or medical profession, has better opportunity to know life as it really is, stripped of all pretence and make believe, as we have. Such experiences should broaden our judgment and charity, and not make us flippant and pessimistic or careless of the sanctity of confidences reposed in us. We

need patriotism; but how sadly has it been brought home to us during the last two years that love of adventure and lawlessness have frequently masqueraded as patriotism, bringing an odium upon us which it will take a mighty struggle to eradicate. Then we need public spirit and courage, for no matter how careful in selection and training our schools may be, there will always be that class of women who do well enough under supervision, but have neither the mental nor moral stamina to stand alone. These must be made to feel the sting of public opinion. I feel, with many other older nurses, that our salvation lies in the *alumnæ* organizations. In the spirit they create and maintain is our strength to bring our own into line, and to cope with that vast and ever-increasing "grand army of incapables" constantly being poured out by institutions which have neither a moral nor an educational right to call themselves training-schools for nurses. It seems to me that one of our most important steps, which thus far we have only vaguely talked about, is to secure State registration. As long ago as the Nursing Congress at the World's Fair I spoke of this in a paper written at that time, but the time has never seemed quite ready for it, although I feel now that every day lost means a harder fight when the struggle begins. No one will do it for us, and we must, if we would save ourselves, face the inevitable and take it up before it is too late. In this we will have the help and support of the best of the medical profession and the public, and our aim should be to secure and deserve the coöperation of all good people, never forgetting the difference between right sentiment, which is the motor of honor, courage, and sympathy, and mere sentimentalism, which is so thin a veneer for selfishness, love of notoriety, and greed.

BE not like a stream that brawls
Loud with shallow waterfalls,
But in quiet self-control
Link together soul and soul.

—HENRY WADSWORTH LONGFELLOW.



CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.B., M.D.
Rochester, New York

(Continued)

FOOD FOR CHILDREN FROM ONE TO FIVE YEARS OF AGE.

THE most important period in a child's life with regard to its food is the first few months. It may take months if not years to make good the loss that faulty methods of feeding cause during this time. But every day older the child grows, providing it is doing well, is one step towards a safety-point. When the child gets to weigh eighteen to twenty pounds it has some resisting power to fall back upon in case of a serious intestinal disturbance. This is easily seen, for example, in some statistics from Berlin: five thousand two hundred and sixty-seven persons died from diarrhoea, or twenty-one per cent. of the whole mortality, and of these four thousand six hundred and ninety-two were under one year, or eighty-nine per cent. of all the cases of diarrhoea. So that from one to five years is a comparatively safe period in the child's existence so far as intestinal disorders are concerned.

In almost all cases the child either has been or should have been weaned when a year old. The surest indicators of a child's condition are its weight and the color of the lips. If the weight is stationary for some weeks, or if the child is losing weight, or if the lips are unnaturally pale in the absence of any disease, then maternal nursing should be supplemented by some other food. In order to make weaning easy, the child should be accustomed from the first weeks of its life to take water from a bottle. It is well to do this anyway, for the child can be thirsty without being hungry, and especially so in summer, when there is need of extra water to make up for the extra perspiration. It is also well during the summer to follow the teaching of Jacobi and offer water to infants frequently, and on the hottest days to add five or ten drops of whiskey and a little sugar. Provided then the child is nine months to one year old, or before that if the weight or lips indicate it, the infant should receive, in addition to the breast milk, cow's milk diluted in some of the many ways. There is not so much necessity of giving one of the more accurate modifications of milk

(that is the top milk, or cream, modifications) in this case, as the child is in all probability getting enough fat from the mother's milk.

The milk should be diluted then at the start with three or four times as much water, and enough sugar added to make it sweet. At this time the child should be fed five to six times a day at intervals of three to three and one-half hours. And the bottle should be given at the time nearest to the delivery of the milk that it can be prepared, in order to have it as fresh as possible. For example, the infant can be nursed at six A.M., bottle fed at nine A.M., nursed again at twelve noon, and at three, six, and nine P.M. The quantity given at one time should be about eight ounces—that is, six ounces of water and two ounces of milk. If all goes well, then the intervals between the feedings should be made three and one-half hours—five feedings given and another bottle added. For example, nursed at six A.M.; bottle at nine-thirty A.M.; nursed at one P.M.; bottle at four-thirty P.M., and nursed again at eight P.M. In this way more bottles may be gradually added, and the strength of the milk may be gradually increased.

Instead of using cane- or milk-sugar to sweeten the milk, it may be diluted with oatmeal-, barley-, or rice-water, or one of the proprietary foods may be added.

The oatmeal-, barley-, or rice-water should be made by adding to a quart of water a tablespoonful of the grain or flour, boiling for four to six hours, keeping the total quantity at one pint and straining the mixture through cloth. The partially prepared foods, such as Robinson's patent barley, do not need to be boiled so long. The proprietary foods all have more or less the same composition and should be used in about the same amounts,—that is, one or two teaspoonfuls to a bottle. These foods are malted milk, Mellin's food, Eskay's food, Nestle's food, Just's food, cereal milk, imperial granum, etc. No mention has been made of sterilization or Pasteurization. This should be left to the physician in charge. There is much to be said for and against Pasteurizing the milk, and if the physician gives no directions and one can be moderately sure of the freshness of the milk, probably it would be better to give it raw or not heated except at the time of feeding, when it should be given to young children at the body temperature, or 98° F.

Supposing the baby has been entirely weaned, is one year old, and is on the same footing with the baby artificially fed. They should both have five meals a day, the hours for feeding depending upon how well the baby can be taught to sleep through the night and upon the convenience of the mother or nurse for giving the early morning feeding. If the baby will sleep from seven P.M. to seven A.M. it is best to have it do so and arrange the meals at three-hour intervals with the heaviest

meal at noon, somewhat as follows: seven A.M., ten to twelve ounces of milk or milk and gruel; nine A.M., orange-juice or the juice from stewed prunes; ten A.M., milk or milk and gruel; one P.M., part of a soft-boiled egg or tablespoonful of beef-juice, six ounces of milk; four P.M., ten to twelve ounces of milk or milk and gruel; seven P.M., ten to twelve ounces of milk, plain or with gruel. It may be that even by persistent efforts the baby cannot be made to sleep through from seven P.M. to seven A.M. Then the intervals might be made three and one-half hours, at six and nine-thirty A.M., one, four-thirty, and eight P.M. This should be the arrangement throughout the second year—five meals at intervals of three to three and one-half hours, with milk the main article of diet. Gradually during this time other articles may be added to the diet list in the order named.

1. A well-cooked gruel of oatmeal, cornmeal, hominy, rice, wheat-ena, etc., with cream and a little sugar.

2. Broths, with crackers, stale bread, or zwieback.

3. Soft-boiled or poached eggs.

4. Scraped beef or a finely chopped Hamburg steak.

5. Junket and plain jellies.

6. Baked potatoes and butter.

At twenty months, for example, menu might be:

Seven A.M., cracker and warm milk.

Nine-thirty to ten A.M., orange-juice or ripe peach (without skin), oatmeal with cream and sugar.

One P.M., scraped beef or Hamburg steak, baked potatoes, glass of milk.

Four P.M., crackers and milk.

Seven P.M., junket, bread and butter, milk.

The diet should be varied from day to day. If the child looks pale, more beef-juice or rare meat should be given; if constipated, more cream, fruit, oatmeal, or water.

From the third to the fifth year the meals should be cut to four a day, and vegetables, chicken, and fish may be added to the list. Vegetables should be thoroughly cooked.

Breakfast.—Fruit, cereal with cream and sugar, egg, bread and butter, glass of milk.

Morning Lunch.—Glass of milk and cracker.

Dinner.—Soup or broth, lamb chop, roast beef or mutton, always finely divided; baked potatoes, stewed celery, bread and butter, junket, jelly, ice-cream, or rice pudding.

Supper.—Milk toast, glass of milk.

(To be continued.)

PROGRESSIVE MOVEMENTS

IN CHARGE OF
LUCY L. DROWN

NURSES AS SANITARY INSPECTORS

By JOHANNA VON WAGNER

[Two most interesting and instructive talks were recently given at the Visiting Nurses' Settlement, Orange Valley, by Mrs. Johanna von Wagner, sanitary inspector of Yonkers, New York. The one given in the afternoon was a practical instruction to the visiting nurses on the subject of bad sanitation in dwelling-houses—how it could be discovered and how remedied. Simple, practical remedies within the reach of any intelligent woman were brought to the notice of the nurses. They were also told what unsanitary conditions might be suspected by the appearance of certain diseases. If radical changes seemed desirable, they were urged to use tact in properly reporting cases to the Board of Health, or, what is sometimes far more desirable, to personally call the attention of landlords to defects, together with intelligent suggestions of remedies.

Mrs. von Wagner kindly gave one of the residents a practical explanation of her work by accompanying her the next morning on her daily round of visits. One plumber immediately and without solicitation supplied a ventilating shaft which had been overlooked in some recent work, simply because he heard through the landlord that this oversight had been discovered by an official inspector.

This instruction to the nurses was followed in the evening by a talk to some prominent members of the Charity Organization Society—men and women who are keenly alive to public welfare.

Three points were forcibly made: first, that bad sanitation could be remedied often by simple methods which tenants can be taught, also that Boards of Health are ready to listen to criticisms from intelligent sources, and that landlords will often welcome practical, reasonable suggestions for the better housing of their tenants, provided they come from those of recognized authority.

The second point made was the importance of special, thorough training on the part of the nurse for this work. Mrs. von Wagner then dwelt on the third point, viz.: the fitness of women for this work of sanitary inspection of the houses of the working classes, and the especial fitness of trained nurses. She herself is the pioneer in a new field of labor for the professional nurse. She recognizes most fully the inestimable benefit of her training and experience in hospital, private, and visiting nursing as a foundation for the work she is now doing.

Already her earnest words have made a deep impression in one town, and it is more than possible that the office of woman sanitary inspector may be created in many towns and cities as a result of her example in Yonkers.

This is but another proof that year by year the professional field of usefulness for the nurse is broadening. New positions are being created for her because of her fitness by reason of her training. New opportunities for special training to fit her for these positions are offered as well.

Those outside the profession are watching eagerly and critically to see if she is alive to the signs of the times, and will be ready to fill the posts of responsibility as they lay open before her.—Ed.]

THE great problem at the present time seems to be not how best to alleviate suffering, but how to prevent it. To send out nurses to care for the sick poor is certainly necessary as long as we have the sick, but the teaching that goes with the care, how to prevent that sickness another time, and how to care best for the body to keep it well, seems of far more importance. Unless we can do preventive work, it would be covering up an evil and never eradicating it. So let us who have an opportunity of doing instructive work in the homes of people fit ourselves as teachers and take the gospels of cleanliness, fresh air, pure food and water, hygiene, bodily and domestic, to those who never had a chance of getting that precious knowledge, and help them to apply it practically.

There is no larger field for such work than the systematic tenement-house inspection under the Board of Health in our own cities, going from home to home and coming in contact with all the inhabitants. There is hardly a family one leaves without having given advice or help in some way, or, as one woman remarked the other day, "You did put them on the right road to get over their difficulties." It means giving the people the benefit of our experience and sympathy, that which alone can do lasting good, and which so often will convert evil activities into good.

It is surprising that the need of such work was not recognized long ago. So far as I know, Yonkers is the only city in the United States that has a woman sanitary inspector for tenement-houses. Chicago has six women inspectors, but they seem to confine their work to factories and sweat-shops.

The plea for women as sanitary inspectors cannot be made too strongly nor the benefits overestimated. Women by nature are better teachers than men, and, besides, we are dealing with women in our work, and many times the door is opened to us because we are women and will understand the situation where our men inspectors have great trouble in being admitted, and in some houses, where the conditions are very bad, they sometimes refuse to go.

So the objection made by so many men that a woman is not fitted to visit such places seems unfounded, because it is the woman that

goes everywhere without fear, and I would say, Why does a city allow such places to exist where it would not be safe for a woman to enter?

Our fellow-men live there and will do so until a reform is brought about, and as a large amount of reform work is inaugurated by women, this field is legitimately woman's sphere.

NURSING THE HAIR

A TIRED trained nurse had reached the age at which it was no longer possible for her to give to her work the enthusiasm she considered necessary. Her years of labor had brought their reward, and she was able to pause long enough to decide what her work in the future should be.

It was plain that her own profession was too exacting. It was also plain that her new vocation should be in the line of her old employment, as it was too late in life for her to begin anything new. She consulted with her colleagues and with her friends among the physicians. None of them was able to suggest just the employment that suited her case.

The solution of the problem came finally, as most satisfactory things do, through her own inspiration. Then she went to a physician who had become famous in the specialty she proposed to follow and made this proposition to him:

"You're a specialist in the treatment of the hair and have succeeded in acquiring a reputation that brings patients to you from all over the country," she said. "Now, I want to become a nurse for the hair, just as you are a physician for it.

"I know that you always recommend certain exercises to your patients which are to be done by their maids or by some professional masseuse. Now, many of your patients have no maids and would rather be treated by a trained nurse who knows something of hygiene than by a masseuse. I want to be that sort of nurse. Is there any opportunity for a woman to succeed in work of that kind?"

The hair specialist, who happened to be bald himself, met her suggestion with greater enthusiasm than she had hoped for. He was certain that sufficient employment could be found for her.

So the woman gave up the work of regular nursing and set out to devote herself exclusively to the hair. Her first patients came from the physician. The number increased rapidly and she soon had plenty to do. She was able to give more satisfaction to the patients than they had ever before enjoyed because she had all the skill that came from

experience in nursing. They all felt that treatment aided by her ministrations was more effective, and there was scarcely a patient of this hair specialist who did not want her. Other doctors who treat the hair heard of her, and she was called in by their patients as well.

"I've as much as I can do," she said the other day, "and I earn almost as much as I did formerly with none of the trouble of night work and the long confining hours of the sick-room. I am not alarmed about the work in the future, because I believe that the treatment of the hair is a thing that will continue and, moreover, increase from year to year.

"My visits at a house rarely last longer than a half or three-quarters of an hour. I have the exercise of going from place to place, and, of course, no woman wants her hair treated at night. So I have fortunately found my new occupation profitable, although I could never have attempted it without the interest of the doctor who first started me in the work."

COCAIN DRUNKENNESS

AN order has been issued to the police of New Orleans by Chief of Police Caster to arrest all persons dealing illegally in cocain or suffering from cocain drunkenness. The order said: "The constant use of cocain has assumed large and serious proportions, and is daily increasing to such an extent as to be a menace to public health. You are directed to notify the force under your command to use extreme diligence in enforcing the city ordinance against the use of cocain and to make arrests. This menace is general throughout the city. This order must be strictly adhered to, and you will make written reports to this office of each offender arrested and from whom the drug was purchased, whether from a druggist or pedler."

FIRST WOMAN PHARMACIST IN RUSSIA

MADAME LESNIEVSKAJA, who has received the degree of Master of Pharmacy, has also secured the necessary authorization from the government to open a pharmacy in Moscow. She is the first woman in Russia to be accorded this privilege. In connection with her establishment there will be a chemical laboratory and a school for women pharmacists.

PROPHYLACTICS

IN CHARGE OF
MARY M. RIDDLE

PRACTICAL HOME MODIFICATION OF COW'S MILK

By MARY STEELE EWING
Apothecary at the Boston City Hospital, South Department

DURING the last decade a great deal has been written regarding modified milk as a substitute feeding for infants.

In many of the larger cities laboratories have been established where milk is modified on a large scale, and in consequence great strides have been taken towards reducing the death-rate of nursing infants.

Later the question arose, "What can be done for the less fortunate infants, who, owing to the expense or to excessive distances, are unable to profit by the city laboratory?"

Soon numerous articles were published in both medical and nursing journals detailing methods for producing at home as nearly as possible as chemically correct a product as could be obtained from the laboratory.

Many of their articles have been extremely scientific, those written by physicians dealing largely with what combinations agree with infants of specified ages; those by chemists, of analytical and synthetical results obtained under certain conditions; but there is still a demand for a clear and concise working process, such that anyone who is not a chemist, but a person of good average intelligence with a minimum of time to expend, could pursue and obtain satisfactory results.

The following is a process which many nurses have adopted to their satisfaction.

We should first be sure of the absence of tuberculosis in the herd from which the milk is obtained. We should use the milk of the "mixed herd." By the term "mixed herd" we refer to the fact of the individual cows having calved at different periods, thus making the milk of no particular age from time of calving.

All authorities agree in preferring milk of the domestic herds, as Durham, Holstein, Ayrshire, to the fancier stock, as Jersey or Guernsey, since they are hardier, have greater constitutional vigor, are

not so nervous, and consequently there is less liability to sudden fluctuation in the percentage of fat and proteids.

We designate our milk as

Whole Milk.—Milk before any cream has been removed.

Top Milk.—The top one-fourth of the whole milk after the fat has been allowed to separate.

Milk.—The bottom three-fourths of the milk set, which contains practically no fat.

The milk, as soon as possible after leaving the cow, should be strained and a sufficient amount collected in a wide-mouthed glass bottle or a clean tin can, so that the top one-fourth will at least equal the amount of "top milk" called for in the recipe. A quart will usually be the right amount to collect, and a quart Mason jar is a convenient receptacle.

The jar should be set in ice-water, a clean cloth thrown over it, and left for about fifteen minutes to dispose of the animal heat. The jar should then be sealed and allowed to stand in ice-water for six hours, when it is ready for use. At the end of this time there will be discerned an easily perceptible line of demarcation between the milk and cream. The top one-fourth should then be decanted from the bottom three-fourths into a graduate. If the bottle be inclined slowly, all the fat can readily be poured off in the top eight ounces, leaving milk alone in the bottom twenty-four. This "top milk" should be well mixed.

In round numbers good cow's milk taken from a mixed herd will assay:

Fat	4.00	per cent.
Sugar	4.50	"
Proteids	4.00	"
Ash	about .65	"
Total solids.....	13.15	"
Water	86.85	"

Normal human milk will assay about:

Fat	4.00	per cent.
Sugar	7.00	"
Proteids	1.50	"
Ash	about .15	"
Total solids.....	12.65	"
Water	87.35	"

It will be seen that the percentage of fat present in cow's milk and human milk is the same; that the sugar in human milk is increased

by two and one-half per cent., and that the proteids are diminished two and one-half per cent.

Milk which has just left the udder is neutral, but on standing it soon becomes acid, so we add five per cent. lime-water in each instance to each recipe, unless more or less is called for by the physician.

Since it is easier to calculate with a multiple of ten, we will make up twenty ounces, as this is an amount often called for, and increase or diminish it fractionally according to the amount ordered in the prescription.

We must have on hand:

1. "Top milk," which is the top one-fourth of the milk set, and should assay ten per cent. fat.
2. Recently boiled water.
3. Lime-water.
4. "Milk," being the bottom three-fourths, after the top one-fourth has been decanted.
5. Milk-sugar.

It is evident that if we use cream containing ten per cent. fat, each ounce of cream in a twenty-ounce mixture will give to the entire mixture one-half per cent. fat, for one-twentieth of ten per cent. is one-half per cent.

In the same way we calculate the proteids; one-twentieth of four per cent., which would be two-tenths per cent. proteids, in one ounce of milk and cream, or it would take five ounces of milk and cream together to obtain one per cent. proteids.

In calculating the sugar we must allow for the four per cent. already in the milk and cream. For example, if we have normal cow's milk, which assays,—

Fat	4.00 per cent.
Sugar	4.50 "
Proteids	4.00 "

and wish to make a twenty-ounce mixture corresponding to normal human milk, which assays,—

Fat	4.00 per cent.
Sugar	7.00 "
Proteids	1.50 "

since there is one-half per cent. fat in each ounce of top milk, we will require,—

Top milk.....	8 ounces
Milk	None
Lime-water	11 "
Milk-sugar	500 grains

As the 1.5 per cent. proteids will be in the eight ounces of top milk used, this recipe will require no extra milk.

The sugar will be calculated in this way. We already have eight ounces top milk, which, as cow's milk assays 4.5 per cent. sugar, will contain one hundred and seventy-two grains; we want seven per cent., or six hundred and seventy-two grains, then we will add the difference, which will be five hundred grains.

The milk-sugar should be rubbed up with the milk, as it is more soluble in milk than in water.

Another example to make

Fat	3.00 per cent.
Sugar	6.00 "
Proteids	2.00 "

On the twenty-ounce basis—eight feedings of four ounces—this will require,—

Top milk	6 ounces
Milk	4 "
Lime-water	1 "
Water	9 "
Milk-sugar	447 grains

For thirty-two ounces we will use thirty-two twentieths, or eight-fifths, of this amount, which will be,—

Top milk	9 $\frac{3}{5}$ ounces
Milk	6 $\frac{2}{5}$ "
Lime-water	1 $\frac{3}{5}$ "
Water	14 $\frac{2}{5}$ "
Total	32 "
Milk-sugar	715 grains

Sufficient milk for each feeding should be put in separate bottles, and the bottles stoppered with non-absorbent cotton.

The bottles should be placed in a water-bath, temperature 75° C. (167° F.), and allowed to remain during twenty-five minutes. At the expiration of this time they should be removed from the bath, drained, and set in the ice-chest. The milk is now ready for use.

The milk should not be raised to a much higher temperature than 75° C., as the lime will be precipitated. It has been claimed that the temperature should not be carried as high as 75°, as lact-albumin coagulates at this temperature. This statement is correct, but the amount of lact-albumin present in this amount of milk is so small that the loss of it in assimilation is of minor consideration in com-

parison with the tremendous good which may be accomplished through the destruction of the great number of bacterial organisms which will not survive in this temperature.

The object of placing the bottles in the ice-chest immediately after sterilizing is to prevent any spores which may be present from germinating, as they would if the milk were kept at room temperature or were not quickly cooled.

The bottles are stoppered with non-absorbent cotton, first, to keep out the bacteria and dust, and, second, in order that the air may circulate freely through the milk.

If the bottle in which the milk has been sterilized is used as a feeding-bottle and the nipple placed directly over its neck, the chances of contamination through outside agencies will be lessened.

As to the formation of the prescription, that, of course, should be formulated by the physician and is from his stand-point; however, it may be said that the percentage of fat, sugar, proteids, and amount should be regulated rather by the weight of the child than by its age.

It is customary to start with a very low percentage of fats and proteids and increase these proportions every few days until a formula has been obtained which will correspond to the child's age and improved condition.

RATTLESNAKE POISON AS A CURE FOR LEPROSY

DR. ADOLPHO MERCONDES DE MOURA, of São Paulo, Brazil, contributes a paper on the application of rattlesnake poison to the cure of leprosy to the *German Medical Weekly Journal*. This poison has been used for a long period by the natives for the treatment of skin diseases and even leprosy. Many wonderful cures of lepers through rattlesnake bites having been reported to him, Dr. de Moura set himself to make investigations. He experimented with the poison on fifteen lepers, and he has come to the conclusion that the lepra tuberculosa, if not complicated with another disease, is curable by its means. Professor Lewin, of Berlin, discusses the subject in the same number of the *Weekly Journal*. While he contends that the rattlesnake poison is not a true antidote, nevertheless he admits that it may have a temporary effect on the disease, and considers the matter worthy of investigation.



HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF
LINDA RICHARDS

It is announced that work is to be begun immediately on the new Mount Sinai Hospital, New York City, which is to cover the entire block between Fifth and Madison Avenues and One-Hundredth and One-Hundred-and-First Streets, and is to cost, including the site, one million six hundred thousand dollars. Of this amount all but two hundred and twenty-five thousand dollars has now been subscribed.

That announcement was made January 28, when the Mount Sinai Hospital Association held its annual meeting in the Hospital Training-School at 149 West Sixty-seventh Street. The annual report acknowledges donations to the new enterprise to the amount of four hundred and seventy thousand dollars. Of that sum seventy-five thousand dollars has been subscribed to the building fund within the last two weeks, and the other individual donations of fifty thousand dollars and twenty thousand dollars respectively are now made public for the first time.

From the family of the late Meyer Lehman, a former member of the association, is received seventy-five thousand dollars, together with a pledge to add as much more as may be necessary for the erection of the new dispensary building, which is to be built as a memorial in his name.

Adolph Lewisohn, a member of the Board of Directors, gives fifty thousand dollars, and promises to subscribe whatever additional sum may be required to erect a handsome pathological building. He also offers to equip this department throughout and to defray the expenses of its maintenance.

Benjamin Stern contributes twenty thousand dollars to fit up and properly equip the main operating-room as a perpetual memorial to his brother, the late Bernard Stern.

Henry L. Einstein has dedicated the children's pavilion, containing fifty-four beds, for surgical and medical cases, to the memory of his son, Lewis Einstein, for which he has donated the sum of one hundred and twenty-five thousand dollars, the cost of its erection.

The private hospital, a handsome structure, modelled after the Milbank Building of Columbia University, and which will occupy the Fifth Avenue side of the block, will be dedicated in perpetuity to the memory of Barbara Guggenheimer, for which purpose the sum of two hundred

thousand dollars was subscribed by her husband, Meyer Guggenheimer, and her sons, Isaac, Daniel, Murray, Solomon, Benjamin, Simon, and William.

There will be in all nine buildings, all of which have been designed by Arnold W. Bruner, with William Schickel as consulting architect. Their general style of architecture will be Romanesque, and the material used will be brick, with stone trimmings. The executive building and wings will occupy the One-Hundredth Street side. On the One-Hundred-and-First Street front will be the building for surgical and medical cases, which will have accommodations for about three hundred and sixty patients.

The dispensary building and training-school will be on the Madison Avenue corner, while the private hospital, perhaps the most ornate structure of all, will have the frontage in Fifth Avenue. Accommodations for the children's pavilion, the kitchens, and the isolation and pathological buildings will be found on the One-Hundred-and-First Street side.

After the regular meeting on January 28 the annual election was held and the present officers were reelected. These are: Isaac Wallach, president; Isaac Stern, vice-president; E. Asiel, treasurer, and Louis M. Josephthal, secretary. Isaac Blumenthal, Louis Stix, Isaac N. Heidelberg, Adolph Herrmann, and David Will were elected directors to serve four years.

According to the annual report the receipts for the year amounted to one hundred and thirty-six thousand five hundred and thirty-six dollars and sixty-four cents, and the expenditures one hundred and thirty-five thousand two hundred and seventy-two dollars and thirty-one cents, leaving a balance of one thousand two hundred and sixty-four dollars and thirty-three cents. The number of patients in the hospital during the year was three thousand three hundred and fifty-two, of whom one thousand nine hundred and sixty-three were discharged cured and three hundred and seventy-six died.

The membership of the association now numbers three thousand eight hundred and fifty. During the year the hospital received legacies and bequests amounting to fourteen thousand seven hundred and seventy-one dollars and twenty cents and donations amounting to six thousand six hundred and seventy-eight dollars and ninety-seven cents. Seven perpetual beds were dedicated.

SINCE the opening of the Samaritan Hospital, Troy, New York, in October, 1898, a large ward was used as a dormitory, and later, Price Memorial, a building for infectious diseases. These quarters were en-

tirely unsatisfactory, there not being sufficient room to accommodate the nurses then in training and it being desirous to admit another class. To relieve this condition Miss Thurman erected the new home, which is a northwest corner wing to the main building and is in direct structural relationship with it.

The building is of brick, four stories high in front and five in the rear. It is already thoroughly equipped, is modern in every respect, and entirely adequate for its purposes, accommodating about forty-five nurses. The building and its furnishing involved an expense of about twenty-five thousand dollars. There are direct entrances from outside as well as through the main building. The home is heated by steam, lighted by gas and electricity, has water and baths on each floor, and is thoroughly protected by water-pipes and hose in case of fire.

The main entrance leads into a hall, on the right of which are sitting-rooms and in front the assembly-room, which has a seating capacity of nearly two hundred. This room is divided by folding doors, so that it may be utilized as class and lecture-rooms. Continuing through the sitting-room to the southeast corner, one finds another hall, from which iron stairs lead to the floors above. The floors in the halls between the flights of stairs are of tile, thus protecting the flights from fire. Coils of hose, attached to a stand-pipe, are placed on each floor. On each of the dormitory floors is a "single" room for the head nurse, the remaining rooms, which are intended for two occupants each, being uniformly furnished and so arranged that each has one or more windows. Transoms over the doors insure proper ventilation.

The floors are of Georgia pine, the walls are white, and the wood-work is painted olive-gray. Two single white enamelled iron beds, a chiffonnière, stand, and book-case of oak, two rugs, and three or more chairs are in each room. There are bath-rooms and a linen-closet on each floor. On each floor, with the exception of the fifth, are five double rooms besides the head nurse's; the fifth floor has but three. In each room there are double curtain shades, a chandelier and bracket, gas and electric-light fixtures. A switchboard and call-bells are at the head of each flight of stairs. On the roof is a comfortable roof-garden for the use of the nurses during the heated term.

THE Dauphin County Medical Society of New York has invited Forestry Commissioner Rothrock to talk before it on his proposed scheme for the care of consumptives, and he has accepted.

Dr. Rothrock says the scheme contemplates the establishment of camps on the various forest reservations of this State, which may be suitably located for the purpose, where persons suffering from consump-

tion and who have not the means to go to California and other places for their health can spend several months in the summer.

It is probable that the first camp will be opened on the reservation in Clinton County, which has an elevation of two thousand feet above the level of the sea and is free from consumption because of the purity of the air. This reservation has an area of forty-five thousand acres and is adjoined by two other large reservations.

It is intended to erect big "A" tents with permanent foundations and anchorages, so that they will not be blown down by the heaviest storms. These tents will have heavy wooden floors and will be placed fifteen feet apart. A wooden platform raised from the ground and covered will extend along the front of these tents, so that the invalids can take exercise on rainy days. The intention is to allow the people who care to avail themselves of this opportunity to live out-of-door lives.

Dr. Rothrock said that the State will not be asked to contribute one penny to the enterprise, but that he already has enough money subscribed to cover the expenses. The patients will be furnished with shelter free of charge, but they will have to make their own cooking arrangements. They will be required to rigidly adhere to the fish and game laws and all laws for the preservation of the forests, including precautions in the use of fire.

There is a forest reservation in Dauphin County, this side of the Lykens Valley, which has an elevation of about fourteen hundred feet, where a camp will be established if the plan succeeds.

The ultimate result of the idea is the establishment of consumptive camps on every healthy forest reservation of the State, which would be districted for the purpose.

MEN familiar with the inside workings of Bellevue Hospital, New York City, say that a considerable change has come over the spirit of that institution since Dr. George Taylor Stewart was installed as superintendent three weeks ago. Besides the administrative changes which he himself inaugurated, Dr. Stewart has undertaken the enforcement of hospital rules which have long been allowed practically to lapse. When he prohibited smoking in the hall-ways, for instance, he was credited with having made a new rule, though such a regulation had been on the books for many years.

The most important improvement of the new régime relates to the hours of work. A few months ago it used to be said that doctors, nurses, and helpers alike were allowed "leeway" in going to and coming from work. Now all in the hospital have a certain time for going to work.

Formerly night reports from the wards were made only to the superintendents of nurses. Now they are entered in a book in the superintendent's office; over the signature of the head nurse of every ward is found a record of all that took place in the ward during the night, including the hour and minute of each visit of the doctor. These ward records, as well as reports of watchmen and other officers, are checks on each other to such an extent that every employee is now in a position of strict accountability for what he does.

THE Training-School for Nurses recently established in connection with the Nassau Hospital, Mineola, Long Island, is a feature that will doubtless be a valuable adjunct to the work of the institution in caring for the sick and result in augmenting the number of proficient, skilled attendants throughout the country. Although the new building is but six months old, seven candidates are enrolled on the staff of nurses, and Miss Alice M. Perrigo, superintendent and general nurse, has received many other applications. Singular as it may seem, nearly all the applicants are Canadians, and at present no Long Island women are serving in the school. Applicants, to be admitted for scholarship, must be from twenty to twenty-eight years of age and conform to certain physical requirements.

The theoretical and practical three-years' course is identical with that of the large institutions of New York City, the Presbyterian Hospital being taken as a model. A better experience is obtainable, however, it is believed, at Nassau than in the larger hospitals, because there are no internes to perform the work of dressing injuries or wounds, the nurses doing that themselves instead of medical students. During graduation year, district and private nursing is exacted to complete the course.

THE New York Red Cross Hospital and Training-School has purchased through its president, William T. Wardwell, a plot of ground on Central Park West, between Ninety-ninth and One-Hundredth Streets, New York City, as a site for a new hospital and training-school. The present quarters at 110 West Eighty-second Street are entirely inadequate, and the new site has been selected with the idea of having a nurses' home and training-school large enough to keep a score or more of nurses together at the head-quarters, ready for any work for which they might be needed, instead of having them scattered about the city, as is now necessary. It was also desired to have a hospital large enough to serve as a training-school, and to care for many patients both of the paying and non-paying classes.

Plans for buildings have already been prepared, which provide for a hospital capable of accommodating about one hundred patients and a nurses' home with accommodations for about twenty nurses.

THE ninth annual report of the trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates, Foxoboro, Massachusetts, shows that the official year ending September 30 has been the busiest in the history of the hospital; beginning with one hundred and seventy-four patients, it closed with two hundred and fifty-eight—an increase of eighty-four. The number of commitments was four hundred and eighteen—a gain of one hundred and eight over the preceding year. Of those discharged in a twelve-months period, fifty-five per cent. were reported by the inspector as abstinent or doing well. This is an increase of eighteen per cent., and a most gratifying result. It is recommended that the Legislature be petitioned to enact a law making an escape punishable, by order of any court before whom such an escaped patient may be brought, by confinement at the State Farm, State Reformatory, or county jail for a period of not less than three nor more than six months.

At the annual meeting of the contributors to the Allegheny General Hospital, Pittsburg, Pennsylvania, held recently, the Rev. B. F. Woodburn, president of the Board of Directors, read his annual report. It showed that from the opening of the hospital, on February 16, 1886, to January 1, 1901, there were eighteen thousand two hundred and twenty-nine patients treated. The report says that good work has been done in all the departments, notwithstanding the fact that the buildings occupied by the institution were old when they were purchased and have required expensive repairs from time to time.

The Training-School for Nurses has maintained a high degree of efficiency, and the graduates stand in the highest rank. The board expresses great satisfaction with the work of the superintendent, Miss Alice E. Pierson, and her assistants and the corps of physicians who form the staff of the hospital.

THE Boston Floating Hospital announces its third annual post-graduate course of instruction to nurses in care of infants. The hospital has fifty-eight beds for permanent patients, and can accommodate about one hundred day patients. Term extends from July 1 to September 1, and instruction includes care of infants, under competent supervision, with demonstrations and course of lectures by staff physicians. Diplomas given for satisfactory work and creditable examinations. Board and

rooms are furnished by the hospital, and three dollars per week for personal expenses and laundry. Each nurse is required to wear the hospital hat and apron with her own hospital dress, and to provide herself with footwear suitable for all kinds of weather. Application should be made before May 1 and in writing to Miss L. A. Wilber, superintendent of nurses, 362 Commonwealth Avenue, Boston, Massachusetts.

A PHYSICIANS' orphans' home, in which the medical profession throughout the country will be interested, is to be established in Bristol, Tennessee, in the near future. The idea of a home for the orphans of deceased physicians originated with Dr. John S. Harris, of Pulaski, Giles County, Tennessee. Dr. Harris is a relative of the late Senator Isham G. Harris, being descended from the same family.

After some discussion of the matter in the medical journals, a committee on location, representing Ohio, Wisconsin, Texas, Virginia, and Tennessee, began investigating with the view to selecting a suitable location and climate. Preferring a southerly mountain climate, the committee was unanimous in its choice of Bristol as combining the health conditions and educational advantages requisite for such a home.

REPORTS of the treasurer and the trustees of the Massachusetts Homœopathic Hospital, Boston, Massachusetts, which were presented at the annual meeting of the corporation lately held, show that the institution is in a more flourishing condition than it has ever been in. The meeting, which was held in the offices of the hospital on East Concord Street, was presided over by President Charles R. Codman. The financial report was read by Spencer W. Richardson, who, at a meeting of the trustees, was chosen to fill the vacancy caused by the death of the treasurer, Francis A. Dewson. He said that the hospital was in a very prosperous condition financially, due to the liberal bequests which have recently been made it.

THE Boston City Hospital Training-School for Nurses, Boston, Massachusetts, gave to its third-year nurses five lectures on the five Fridays in March.

March 1, "The Work of the Associated Charities of Boston." Mrs. James T. Fields.

March 8, "College Settlement Work." Mr. Robert A. Woods.

March 15, "The Consumers' League." Professor Mary W. Calkins.

March 22, "Women Wage Earners." Mrs. Charles G. Ames.

March 29, "The Curve of Social Progress." Professor Edward Cummings.

THE members of the Board of Health and the aldermen were invited by the citizens' committee having in charge the construction of the new quarantine hospital, Minneapolis, Minnesota, to attend the opening of the institution, which took place the last week in January.

At the regular meeting of the Board of Health, Health Commissioner Hall informed the members that the four buildings constituting the new hospital were completed and ready for occupancy. They comprise quarters for the nurses, two ward buildings, and a fourth structure for the accommodation of private patients. They are heated by a combination system of hot air and hot water, each building being provided with its own plant.

GROUND has been broken for the Cable Memorial Building of Evanston Hospital, Evanston, Illinois. The new structure will cost twenty-five thousand dollars, and will be three stories and an attic in height, providing thirty more rooms for patients. It will be heated by steam from a boiler-house on the rear of the lot, and will be lighted by both gas and electricity. Fire-escapes will be provided at each end of the building, and it will be connected with the main hospital building by a corridor. One of the most important features will be an isolation ward. The structure will be south of the main building and will face on Ridge Avenue. The funds for the building were contributed by Mrs. H. D. Cable.

SENATOR DAVIES introduced a bill in the New York Legislature appropriating one hundred thousand dollars for the construction of a building for the State Hospital at Albany, New York, for the care and treatment of patients afflicted with incipient pulmonary tuberculosis. The plans of the structure are to be prepared by the State architect and the building is to be made large enough to accommodate one hundred patients in addition to necessary attendants. An additional sum of twenty thousand dollars is appropriated for equipment and furnishing, this amount to be available on the first of January next.

THAT institution formerly known as the Homœopathic Hospital, Providence, Rhode Island, is now open to any legally authorized physician, and is to be known as Beacon Hill Hospital.

Mrs. Jennie L. Bassett, who has been in charge for the past three years, is to have charge of the hospital. The charges are to be just sufficient to cover the costs.

The institution will be run on this basis for a while, and if conditions warrant, a staff of physicians will be maintained.

THE plans and specifications for the new buildings at the Philadelphia Hospital, Philadelphia, Pennsylvania, are now well under way, and will be completed at an early date. The new buildings, or at least some of them, will be begun this spring and finished before the end of the year. The building most in demand is a maternity hospital. This will be the first started, as the work in this direction at the institution is retarded for want of a proper sanitary building.

THE new buildings of the Hale Hospital, Haverhill, Massachusetts, considered among the best in the State, are open for formal inspection by the public. The institution of a hospital was due to the late Hon. E. J. M. Hale, who, previous to his death, urged the City Council to secure the necessary legislation to found an institution, and at his death left a bequest of fifty thousand dollars and a site on Kent Street, near Summer, for the institution.

THE increase of patients in the Jamaica Hospital, Brooklyn, New York, makes an addition to the building greatly needed, and it will probably be made in the near future. A fine operating-room was built on its north side recently by Miss Mary Rhinelander King in memory of her aunt, Miss Cornelia King, whose life was spent in Jamaica at the old King Manor House, and whose memory is revered by all, especially by the poor and suffering.

THE Board of Managers of the Children's Hospital of Germantown, Pennsylvania, has secured the property No. 102 East Price Street which adjoins the present institution. It is proposed to fit up this building at once as a maternity hospital, something that has been needed in Germantown for a long time past. About five thousand dollars will be required for this work, and an appeal has been issued for funds.

MISS LUCY L. DROWN, superintendent of the Training-School at the City Hospital, Boston, Massachusetts, has been given a two-months' leave of absence. March 7 she started for Southern California with a Raymond excursion party. Miss Mary M. Biddle, superintendent of nurses at the South Department, Boston City Hospital, takes Miss Drown's place while she is away.

DR. J. B. H. JANEWAY, of New York City, has purchased a block of thirty-seven building lots at Burns Point, Connecticut. He intends to erect a large sanatorium. The land bought overlooks Long Island Sound. It is about a furlong in width and half a mile in length. Dr. Janeway says that he will erect a dozen cottages besides the main building.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON

FINAL REPORT

THE Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army makes the following final report:

"On February 8, 1901, a meeting of the committee was held at the house of Miss Chanler, the following members of the General Committee being present: Mrs. Joseph Hobson, chairman; Miss Margaret Livingston Chanler, secretary; Mrs. W. S. Cowles, Mrs. Joseph R. Hawley, Mrs. Amos G. Draper.

"The secretary reported that Section 19 of the Army Reorganization Bill had passed successively through the Senate committee, the Senate and the House, the House committee, and the Conference Committees of both the Senate and the House. Further, that the bill having on February 2, 1901, been signed by President McKinley, an Act of Congress had secured the permanent employment of graduate women nurses in the hospital service of the United States Army.

"The secretary then read Section 19, which is as follows:

"SECTION 19. That the Nurse Corps (female) shall consist of one Superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training-school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty; *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And Provided*, That the Superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowance of nurses and of reserve nurses when on active service shall be forty dollars per month when on duty in the United States and

fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department.*

"The first business before the committee was the framing of the following letter, which the secretary was asked to send to Senator Proctor, Senator Hawley, and Mr. Hull:

"DEAR SIR: Now that the President has signed the Army Reorganization Bill, and the *Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army* is about to resign, I, as secretary, have been directed to thank you for all the support and encouragement which you have given to the committee.

"That you believed in female army nurses was an inestimable help to us at the beginning of our work, but we could not foresee how often we should have to ask your advice nor how much harder our task would have been without it.

"There is now no reason why the best trained nurses should not enter our army hospitals, thereby lessening the time spent away from his company by every sick soldier within their reach.

"This legislation is equally an honor to the nursing service and a benefit to the army. All those who are to profit by it, together with all who have labored in its behalf, owe you their gratitude.

"I have the honor to be,

"Faithfully yours,

"MARGARET LIVINGSTON CHANLER,

"Secretary."

"It was also arranged that Mrs. Hobson should personally thank all who had in any way helped by their advice and interest, and that Miss Chanler should send an informal letter to Mr. McCammon, whose assistance had been so consistent during the winter of 1900.

"Miss Chanler reported several letters from Miss Schuyler, conveying her assurances of continued interest in the measure, and the following list of those to whom copies of the bill should be sent was read: Mrs. W. N. Armstrong, Hampton, Virginia; Mrs. Harriet Blaine Beale, Washington, D. C.; Miss Margaret Livingston Chanler, Wash-

* This bill was also printed in the March number.

ington, D. C.; Mrs. Winthrop Cowdin, Mt. Kisco, New York; Mrs. W. S. Cowles, Washington, D. C.; Mrs. W. Bayard Cutting, New York; Mrs. Amos G. Draper, Washington, D. C.; Miss Laura D. Gill, Northampton, Massachusetts; Mrs. Joseph R. Hawley, Washington, D. C.; Mrs. Joseph Hobson, Washington, D. C.; Mrs. John A. T. Hull, Washington, D. C.; Miss A. C. Maxwell, New York City; Miss C. K. Meredith, Philadelphia, Pennsylvania; Miss M. S. Nutting, Baltimore, Maryland; Mrs. Whitelaw Reid, New York City; Mrs. W. H. Osborn, New York City; Miss Linda Richards, Taunton, Massachusetts; Mrs. Hunter Robb, Cleveland, Ohio; Miss L. L. Schuyler, New York City; Miss Irene Sutcliffe, New York City.

"Miss Chanler, as treasurer, then reported a balance of seventy-seven dollars and eighty-nine cents, received from Miss Wadley, the former treasurer, and the committee directed that when Miss Chanler should have defrayed all expenses connected with her office of secretary, the remainder of these funds should be sent to the Chief Army Nurse in Manila, Miss Chanler reporting that the amount would procure a number of drives on the Lunetta for nurses who are in need of them.

"The committee next discussed the spring meeting, and unanimously decided that there was no business to come before any such meeting, and that its purpose would be amply effected by sending this final report to absent members of the committee, together with the information that Mrs. Dita Kinney, a graduate of the Training-School of the Massachusetts General Hospital, who has been superintendent of nurses in that hospital, and who has served at the Presidio and in New Mexico, was appointed, on December 1, 1900, Superintendent of Trained Nurses in the Surgeon-General's office.

"Believing that the work which the original members of this committee undertook, and in large measure accomplished, is now entirely concluded, the committee voted to adjourn *sine die*."

THE CONGRESS OF NURSES

THE work of correspondence for arranging for the programme of papers to be read at the Congress of Nurses next September is being carried on by the secretary, Miss Banfield, and encouraging replies are being received, expressing interest and promising support. A number of associations have promised to send delegates, and among these the first reply received from our home contingent was a most cordial response from Dr. McGee, promising a delegate from the Spanish-American War Nurses, and the first acceptance from abroad was from the League of St. Bartholomew's Nurses.

THE NATIONAL COUNCIL OF WOMEN

MRS. KATE WALLER BARRETT, M.D., D.Sc., of Washington, the corresponding secretary of the National Council of Women of the United States, writes that the annual executive meeting of the council will be held in Buffalo this summer, probably on September 11, 12, 13, and 14, and that they hope to meet the officers of the American Federation of Graduate Nurses at that time.

THE INTERNATIONAL COUNCIL OF NURSES

MISS KRUYSSSE, matron and superintendent of nurses at the Wilhelmina Hospital at Amsterdam, Holland, has accepted the office of honorary vice-president of the International Council. She is not sure of being able to come to America for the meetings to be held during Congress week, but will doubtless be able to be present at the Berlin meeting in 1904.

Mrs. Tscherning, the president of the Danish Council of Nurses, writes most courteously of her interest in the advancing organization of nurses, but thinks that financial reasons and the fact that the Danish Council is still very young will prevent it from coming into full union with the International Council at this time: no doubt they also will feel better prepared to enter at the quinquennial in Berlin. For these reasons they do not now expect to be represented here at the September meeting in Buffalo.

Miss McGahey, matron and superintendent of nurses in the Prince Alfred Hospital, Sydney, New South Wales, has accepted the office of honorary vice-president of the International Council, and will be present at its meeting in September.

NEW ENGLAND HOSPITAL ALUMNÆ

THE Alumnæ Association of the New England Hospital Training-School for Women and Children met at 206 Massachusetts Avenue, Boston, Massachusetts, on Saturday afternoon, January 12, at three P.M.

Miss Richards, the president, was unable to be present, owing to a recent indisposition. The meeting assumed a very informal character. In the absence of Miss Dillet, Miss Bertha E. Griffin, assistant secretary, assumed her duties.

Miss Miriam B. McIntosh, ex-chief nurse of the Military Hospital, Santiago de Cuba, read a report on the ways and means of establishing a club-house with a registry combined.

It was then unanimously voted by those present that the monthly meetings be continued until the year ending June, viz., holding every other meeting at the hospital and every alternate one in town. This then would give those out of town the benefit of the city meetings and those in the hospital district the benefit of the hospital meetings.

STUDY COURSE IN THE ASSOCIATED ALUMNÆ

ON another page will be found a sketch of the visit made to the Manhattan State Hospital on Ward's Island. It will be of added interest this month when considered in connection with Miss Laird's paper upon the "Work of Nurses in Asylums." It is a matter for self-congratulation on the part of those who were able to accept the invitation so courteously extended the members of the Associated Alumnae by Dr. A. E. MacDonald and Dr. E. C. Dent.

BROOKLYN HOMŒOPATHIC ALUMNÆ

"THE city having bought the Brooklyn Homœopathic Hospital for the purpose of making it a Charity Hospital, we, the members of the alumnae, suddenly realized that should we be taken sick we had no hospital home in which to be cared for.

The Executive Committee called a meeting to consider the matter. It was decided to apply to the Memorial Homœopathic Hospital of Brooklyn, and state the matter to them.

The Board of Managers of said hospital, through their president, Mrs. John Burtis, "consented to our furnishing a room, all medical attendance and nursing to be given free, only a very small fee to be charged for board per week paid by the sick nurse."

We gladly accepted the offer and have furnished a room. It is comfortably and prettily furnished, and has two windows, one having a westerly view. Books have been donated by two of our nurses, and we hope that others will follow their example in the way of decorations.

Each member of the alumnae was taxed a small sum, and all have responded most heartily. Only members of the alumnae are eligible to the room.

This is only a small beginning, but we hope in the future to make it an endowed room. We heartily appreciate the sisterly feeling shown by the Board of Managers of the Memorial Homœopathic Hospital of Brooklyn.

THE annual meeting of the Buffalo Nurses' Association was held Monday, March 4, following the regular monthly meeting.

Interesting reports were given by the secretary and treasurer, and the following officers were elected:

President, Miss Damer; first vice-president, Mrs. Morley; second vice-president, Miss Simpson; recording secretary, Miss Snetzinger; corresponding secretary, Miss McKinnon; treasurer, Miss Keating; directors—Miss Owen, Miss Drake, Miss Ames; trustee for three years, Mrs. Storch. Miss Damer was appointed delegate to the State meeting to be held in Albany.

A social time followed. Refreshments were served by Mrs. Morley and Miss Simpson.

The polls were closed at five o'clock, after which the tellers announced the results of the election.

THE CITY OF BOSTON HOSPITAL ALUMNÆ

THE City of Boston Almshouse Hospital Training-School for Nurses, which was organized four years ago and has graduated twenty-nine nurses, organized an *alumnæ* association on March 14. Fifteen nurses joined. Meetings are to be held once in three months. It is now six years since it was organized as a school for nurse-attendants with a one-year course. That was frowned upon by other schools, and four years ago it was reorganized as a training-school for nurses with a two-years' course and instruction like that of any other well-regulated training-school. The hospital (nearly always full) accommodates about three hundred and fifty patients and has medical, surgical, and obstetrical departments. The patients are of the same class as those at the New York City Hospital, Blackwell's Island. The training-school numbers about thirty-five nurses.

ORANGE MEMORIAL HOSPITAL ALUMNÆ

A REGULAR meeting of the Orange *Alumnæ* Association was held January 16 at 475 Main Street, Orange. It was announced that this *alumnæ* had been accepted for membership in the Associated *Alumnæ* of Trained Nurses of the United States, and it was resolved to send a delegate, to be named later, to the Congress of Nurses to be held at Buffalo in September. Miss Mary Thornton had kindly taken time from other pressing engagements to address us on the subject of the society she represents, and in a very pleasing talk cleared up doubts and uncertainties that had vexed some minds on the desirability of joining another society, clearly showing the advantages to be gained by extending our interests and widening the circle through which wisdom may be received. We wish the Congress all manner of success.

That the invitation which was extended to us by the New York members of the Associated Alumnae to accompany them upon their visit to the Manhattan State Hospital on Ward's Island could be accepted by so few of us is to be regretted. The arrangements were made for us to meet at East One-Hundred-and-Sixteenth Street on Wednesday, February 27, at three o'clock. From two-thirty P.M. groups of nurses in twos and threes continued to arrive and were welcomed by the Post-Graduate Nurses, who were the hostesses of the occasion. As the hour drew near it was clear that the party was largely in excess of the number originally expected, and fully fifty stepped on board the small tug *Mermaid*, which conveyed us to the island. On the landing-stage two of the hospital doctors were waiting to receive us and escorted us first to the convalescent dormitories, as they may be styled, and our first thought was that we were being shown through very comfortable, not to say elegant, sanatorium quarters, as we passed between rows of enjoyable rocking-chairs interspersed with small tables, each covered with an embroidered cloth on which was placed a flowering plant, a bunch of dried grasses, or maybe a cluster of paper flowers, while the polished floors were covered with gay rugs and the spotted rag-mats. Everything, we were told, was the work of the patients. Every rocker had its pillow or head-rest of the prettiest silk in varied designs. In the sleeping dormitories we found only beds, as close as they could be placed, the white spreads pinned most exactly in every case, and, most unusual sight, at the head of each bed a pillow-sham more or less embroidered, the work of the better class of patients. It had a strange effect to those eyes used to the stern simplicity of an ordinary hospital-bed, but it had also a very humanizing aspect. The patients make their own beds, the nurses only doing the pinning. We passed from thence to the work-room, where we could see much of that we had just noticed in process of construction—many running the sewing machine, some weaving the mats on frames, others at work on the rag carpets, following designs, garments were being made, hair mattresses being picked over, and, in fact, occupation being found for all, with only two nurses to overlook the two rooms. Only one woman in this section showed any appreciable sign of her disease, and sat on her machine until a word from the nurse brought her to her seat. We then reached the kitchens, which were much as any such large institution would possess, except that now their head "chef" is a woman from some training institution in Philadelphia which has well fitted her for her position; she is giving every possible satisfaction in her study of the dietary, much as we have heard it spoken of by Miss Alline.

We visited the nurses' quarters where the two hundred nurses and

attendants who are attached to the hospital are cared for. The small rooms were very attractive, nearly all being single, but a few contained two beds; in all cases these were strong white enamel folding-beds, a curtain being drawn before them during the day.

The shoe-shop was an interesting feature. Shoes of every grade were being turned out and repaired. The tailor-shop adjoined, a high bench running the full length of the room beneath the windows accommodating a long row of cross-legged tailors. The laundry was specially interesting, the clothes being gotten up for every inmate of this vast establishment, which must number in round figures nearly two thousand persons, as there are nineteen hundred patients. All are assigned the work for which they seem most fitted. A number of young attendants in white and blue print gowns were here assisting with nurses in charge. There were two large mangles with heated cylinders, and in the next room the walls were lined with inverted drawers with handles to slide out; these were filled with bars on which were hung the clothes for drying by the hot pipes which are over and under these slides. The washing is all done by machinery by the men. The machine which extracted the water was the newest and most interesting piece, the clothes being packed closely round a hollow cylinder, leaving the centre space clear; the whole revolved rapidly, leaving the clothes ready for the drying rails.

It must be understood that all the departments mentioned were widely separated from one another, and on the way we would meet or see in the distance wards of patients walking by two and two with nurses at short intervals on either side. It looked very dreary work for the nurses, and it was a cold day too, but nothing, the doctors said, to the weather that sometimes had to be faced on that Island, and that the exercise obtained in going about their work was often all that they had, as visiting New York was not an easy matter, there being no regular service of boats, so excursions had to be duly planned for.

We were, of course, anxious to see some of the more afflicted class, and passed on to the hospital. All the arrangements seemed singularly bright and attractive; many of the beds being arranged in large bay-windows, introducing sunlight and air, but it was not thought best to disturb patients by speaking to them much, and the visits were very brief. In one small room we saw the only noisy woman; she was weeping stormily and tearing her hair. All who were up were either sewing or reading. The dining-room, through which we passed, looked like a summer resort with its numerous small tables to seat three or four, each with its spotless cloth and dainty Japanese napkins ready for the next meal; we felt like sitting down and looking for the menu card.

One very noticeable feature was the number of birds in single or large cages—a green Polly, love-birds, canaries, Java sparrows, and odd birds not so easily recognized,—and also the thriving condition of the plants, which were in every window and on every table, and looked is as good condition as did the patients. The sanitary arrangements were, of course, in all cases as fine as could be put up, the walls of the lavatories and bath-rooms being of marble. It was particularly mentioned that in no case was a straight-jacket used, moral influence being the force in vogue.

One of the last visits was to the oldest building, which contains the chapel, where a band plays three times a week, and is formed by the male attendants. The hall was full of men when we were there, evidently enjoying the performance; this and the ante-room are used for entertainments of various kinds. This brought us to the end of our tour of inspection, and much as we appreciated all we had seen, with all the kindness and courtesy that had been shown us, we felt as if we had walked miles and needed a rest. Doubtless many points have been forgotten or overlooked in this brief record of our visit, but the lasting impression left on our minds will be the absence of much we had expected to see and the unexpectedness of much we did see, and the last thing that was in evidence was the fact that it was an asylum for the insane that we had just been through. An industrial institution would contain in as many members as many eccentricities as those that we noticed that day.

With thanks to those who had accompanied us through that pleasant afternoon, we reëmbarked and dispersed to our several ways.

THE WORK OF NURSES IN ASYLUMS*

I FEEL a great hesitancy in addressing you to-day, because the topic given me is so important and far-reaching that I will be unable to give you but a mere glimpse of the multitudinous ways in which the work of nursing the insane differs from the work of caring for the general sick. But I hope this short paper will at least entertain you, and perhaps instil a little more interest and a kindlier feeling towards our cousin nurses, if I may so term them—the graduates of the State hospitals.

Many of us felt that the establishment of training-schools in these institutions was an encroachment upon our own territory, and rather

* Read by Miss S. L. Laird before the Third Annual Convention of the Nurses' Associated Alumnae of the United States, held at New York May 3, 4, and 5, 1900.

resented their existence, fearing perhaps that there would not be enough sick people to "go around." But I do not think we need to apprehend any serious interference from these graduates. Their work is of such a specific character and calls for such different methods that there is no reason to consider the two classes of schools as rivals at all, and I hope the time is near when they will feel a common interest in and tolerance for each other. When you realize that the State of New York is caring for over twenty thousand insane people in its State hospitals you will see there is no need to fear that there will not be enough of this class of patients to "go around," and they surely need all the help that can be given them, and by as skilful and careful nurses as can be obtained.

No class of afflicted people have been more generally neglected or misunderstood than the insane. From earliest times they have been feared, avoided, and only too often abused and ill-treated. Yet who is more in need of kind treatment and intelligent care than these often unhappy and miserable people? We extol and honor the nurse who devotes her life to the work of caring for those who are physically ill, but if you could watch the nurses of the insane among their patients, I think you would feel that no word of praise can be too high for those who are willing to give their time and strength to a sympathetic and conscientious effort to care for these unfortunates. To humor the many fancies and delusions; to understand the individual peculiarities; to control the excited and abusive; to keep the filthy and demented clean and tidy; to furnish each patient capable of it with work adapted to his or her comprehension, generally joining with him in the execution of it; many times on duty among the dangerous and vicious; almost always among the noisy and destructive; dealing with patients who need the care and attention given a child, but who retain all the duplicity and cunning gleaned in later years; with long hours and small wages, while in the hospitals, the wonder is that, in the face of so much that is wearing and repulsive, so many are willing to take its burdens upon them. It must be that, like our own work of nursing, it has another and a higher reward than that of mere pay.

Let us first consider the work of nursing the sick insane. Among the acute cases this does not differ as much from the work of caring for the general sick as you might suppose, for often delusions that are very troublesome in health disappear or are modified during an illness, and, thanks to our training-schools, skilful and intelligent care can be given. Still, many of the surgical cases will persist in removing their bandages and dressings, and if they are not constantly watched will pick out the stitches; and there is often a firm belief of poisoning

to contend with, which may prevent the administration of needed food and medicine. When this is persistent it is overcome by the method of tube-feeding, and many a patient would certainly have died without this care. A soft rubber tube is generally introduced through the nostril, and when skilfully done the act is attended with but little discomfort.

There may be difficulty in the simple taking of a patient's temperature, owing to the imagination of the patient. It is rarely safe to take it in either the mouth or rectum, so the axilla temperature is depended upon.

Many of these patients are insensible to heat or cold, so in using hot fomentations or counter-irritants this fact should be borne in mind by the nurse; again, there may be an over-sensitiveness, the patient shrinking from the least change in temperature, and becoming very impatient of any treatment of this kind; all of which require special and wise attention.

The autopsies tell strange stories, and show that many of the subjects were enduring great discomfort with no word from them to guide the physician towards their relief; though with some cases the dulness of perception mentioned before may have prevented them from suffering.

Again, there is a large proportion of the hypochondriacal among these people, and it is extremely difficult to decide which of the symptoms described are real and which are imagined. Here the work of the bacteriologist becomes invaluable, as the microscope is not apt to be "secretive" or to "hear voices," as a patient may.

These are but a few of the many difficulties which may confront a nurse caring for the sick insane, but I must leave this part of my subject and give you a mere sketch of the care of that other and larger class of patients, those who are physically as able to work and care for themselves as many people are, but who are mentally unfit for any life except that of some institution for the insane. Here is needed a form of care which we know little or nothing about, but which should receive as much attention and skill as the treatment of a surgical case or the giving of a temperature bath.

There are many facts that these attendants should bear in mind constantly. Charles K. Mills, the noted neurologist, gives us a brief but comprehensive statement of these: "That a case of melancholia would be likely to be suicidal or to starve to death; that one of mania is not infrequently homicidal or destructive; that one of monomania may exercise duplicity and for a time suppress his delusions; that a dement is likely to be filthy and not inclined to help himself at all;

that an insane epileptic may one moment be peaceful and serene, and the next in a most dangerous or motor-maniacal paroxysm; that the hysterical insane may make false or pseudo attempts at suicide."

Accidents are most likely to occur among the "general paretics" as they are called in the hospitals. These people, often having delusions of strength and grandeur, are likely to be troublesome and pugnacious, and so often have to be firmly handled. They are as a rule far from strong, weak hearts and degenerate livers and kidneys being common among them. Their bones are very brittle and not infrequently they have lung trouble. You can readily see that accidents of bone fracture or collapse would occur very frequently among these patients unless thought and intelligence were exercised by those caring for them.

Occupation is one of the greatest aids to recovery known among these cases, and many patients tell of the benefits they received from being placed at some regular or natural work. We find them employed everywhere in the State hospitals, on the farm, in the laundry and the shops, or doing the housework and sewing, as they may be most capable. And the attendant working with or guiding them, being advised of the different peculiarities of the patients under his supervision, is as much their nurse as if they were sick. He will have to watch the runaways, prevent the vicious from injuring each other, see that the delicate ones do not overwork, keep a careful lookout for knives or sharp implements, and even with some cases endeavor to prevent them from eating glass or pebbles—all of which may not be a very high grade of nursing, but which is very necessary among these people.

Amusement is of recognized importance, and a regular sum of money is allowed each hospital for this purpose. It is necessary for some attendants to be able to enter into these various forms of diversion, dancing, ball-playing, assisting at musical entertainments, using any talent they may possess or be able to acquire for the pleasure of these unfortunate people. Accomplishments that would be wholly unnecessary for a nurse in a general hospital are of the greatest benefit when used for the insane, and may be considered another form of nursing. "Substitution of thought" is as much to be desired in this work as for the cases of nervous prostration, and an attendant who is able to interest her patient in sewing or housework may be assisting in bringing about her recovery or improved condition.

My subject is far from exhausted, but I have exceeded the time allowed me. If I have aroused any interest in your hearts for those who are trying to "minister to the mind diseased," or increased your sympathy for those who are "sick and troubled with thick-coming fancies," my paper will have accomplished its mission.

FOREIGN NEWS

IN CHARGE OF
LAVINIA L. DOCK

ORGANIZATION NOTES

THE CONSTITUTION OF THE DANISH NURSES' ASSOCIATION

We were glad to receive the constitution of the Danish Nurses' Association. It was sent us by some thoughtful friend whose name, however, did not come with it, so that we can only make this general acknowledgment. We give an abstract of its leading features, space not permitting of a full reprint.

OBJECTS.

To advance the interests of the nursing profession, both in practical personal ways and on broad general lines.

MEMBERSHIP.

Members are active, associate, contributing, and honorary. Active members must have had three years' hospital training, or, in the case of nurses having graduated before January 1, 1901, one year of hospital and three of private duty or two of hospital and two of private duty are accepted as equivalents. The training must have been received in hospitals which are approved by the committee as maintaining a fair standard. Women who have not had the training required for active membership may be admitted as associates. Should they subsequently take the requisite course they may become active members. Contributing members may be women or men who contribute a certain fixed sum yearly or who make a life payment to the association. Honorary members may be women or men who have rendered special service to the association. Application for active membership is made by filling out the answers to a set of questions relating to the work and experience of the applicant. It is passed upon by an examining committee, and if endorsed, is presented at a regular business meeting. A majority vote elects, a quorum being present. Rejected applicants, if supported by ten active members, may appeal to the whole association at a general assembly, and if half of the active members are present the rejected ones may be voted in over the committee's decision by a majority vote. Active members are required to wear the badge of the association, and the annual fee is four kronen (about a dollar) for active, three for associate, and not less than two for contributing members. A "sick benefit club" exists within the association; as the details of its management are not included in the constitution, it is probably voluntary and has its own rules. The officers are as usual, with a small Executive Committee who rotate, passing out of office after a three-years' term. The constitution provides that a certain proportion of these must be nurses in active work, *not* holding positions of authority, and that one must be a private-duty nurse. Besides this Executive Committee, or "Upper House,"

there is a larger committee, or "Lower House," serving for two years in rotation, and elected from the active members at the general meeting. The general assembly has, within the limits marked out by the constitution, the supreme authority in all matters coming before the association. The vote is cast only by active members who are present at a meeting.

Besides the business meetings and general assembly, the association holds social and educational gatherings, where lectures may be heard and work and professional questions discussed. The duties of officers are about like ours, and provisions for standing and sub-committees, routine work, finances, and the expulsion of unworthy members are about the same, the greatest care having been taken, apparently greater than we take, to keep everything on a democratic basis.

One curious feature of the constitution is that it provides for the possible disbanding of the association,—a provision that we do not now recollect ever having seen in a similar instrument, and which seems to indicate that the organization was felt to be a doubtful experiment, as it must have been a bold step forward for nurses accustomed to the conservatism of the Old World.

If the committee feel disbanding to be expedient and proper, the officers are to bring a notice for disorganization before the general assembly. Three-fourths of the active members must be present, and of these four-fifths of all the votes cast are required for disbanding. If these conditions are not complied with, a new general assembly may be called on eight-days' notice, and disbanding may then be resolved upon by four-fifths of the votes actually cast, without regard to the whole number present. The assembly must then also decide what disposition shall be made of the property of the association.

Let us hope that this preparation for the worst may have been made in vain. The Danish nurses will advance farther in ten years' time by means of their own self-governing association, than in a couple of hundred years under the queer old methods of restriction and repression, and we want them to join the International Council of Nurses, and, no doubt, some day they will.

ADMISSION TO AND WORK OF THE NURSES IN THE VICTORIAN ORDER, CANADA

At the time of the inception of the Victorian Order of Nurses for Canada, not only was a Royal Charter granted (by which His Excellency the Governor-General of Canada was appointed patron), but Her Majesty gave the nurses her permission to wear the same badge and uniform as those worn by the Queen's Nurses in Great Britain. The feeling, therefore, that should inspire and uplift the Victorian Order nurse, going out to serve those of her fellows who are attacked by disease, should be something akin to that of a soldier who has volunteered to serve his country.

At the expiration of a candidate's term of training she is recommended by the chief lady superintendent to the Executive Council for admission to the order, and whenever it is practicable she goes to head-quarters, which are at Ottawa, to receive her badge and diploma. In the presence of the members of the Executive Council, Her Excellency the wife of the Governor-General, who is honorary president of the order, pins on the badge, addressing her in the following words:

"You have been recommended to the Board of Governors by the chief lady superintendent of the order as a nurse professing the qualifications and training which our order requires, and as one who has proved through your training in district nursing your efficiency in all your nursing work and your willingness to observe all the regulations of the order.

"We therefore welcome you very heartily to the ranks of the order, and we enlist you for active service for two years.

"May you be enabled to carry into action the true spirit of the order, and may God's best blessing rest upon you."

The nurse then signs the agreement. She is now a Victorian Order nurse, qualified to be appointed for a period of two years to any district where the order is at work. Should she express a preference for a special station, an effort is made to meet her wishes as far as possible. She may take up her duties under any of the following conditions: as head nurse in one of the small cottage hospitals, as head nurse of a district where two or more nurses are employed, as second nurse in either hospital or district, or as single nurse in a district.

Wherever the services of a nurse are required local committees are established, who give a guarantee to the Board of Governors that they will provide for the nurse's maintenance and salary and hold themselves responsible for her comfort and welfare. The nurse's salary is not less than three hundred dollars a year, with uniform, laundry, board, and lodging.

The nurse presents a report of her work to the Local Committee each month, and a copy of the same is sent to the chief lady superintendent, part of whose duty it is to visit the nurses at least once during the year.

In the cities district nursing alone is undertaken, but in the more remote country districts, where there are no trained nurses within reasonable reach, a few consecutive days may have to be given occasionally to one single case; but the extra hour on duty per diem must be qualified by extra hours off duty when the special need is over.

Where money sufficient to erect a proper hospital building cannot be raised at once, the nurse usually begins work in a small tenement-house. Such a house, capable of accommodating from four to ten patients, two nurses, and a maid, is rented and made as sanitary and comfortable as conditions and means will allow. The nurse's life for the first year or two in these rural districts is truly that of a pioneer!

In case of a major operation having to be performed, the nurse will probably convert the one room which serves her for both sitting- and dining-room into an operating-room—and only a nurse can appreciate the labor involved in fitting it for such a purpose. The water, dressings, etc., have all to be sterilized on the little cooking-stove, and it requires a woman not only thoroughly trained, but also possessed of ingenuity and abundant common-sense, to make the most of the very inadequate appliances at her disposal. Many nurses wonder how a talented woman who has spent years in a fine, well-equipped hospital is willing to apparently bury herself in a wild country district, but to do good work under such adverse conditions demands the very best material, physical, intellectual, and moral.

In one of these small tenement-houses in the course of two years over one hundred and fifty patients have been successfully nursed, many of whom were men and boys without homes, who must have died under the only other treatment procurable, that which could be got at a second- or third-rate hotel. The gratitude shown to the nurse by her patients, the admiration and regard for her

expressed by all who take an interest in the hospital, and the satisfaction of knowing that in a few months a new, properly equipped building and trained assistance will be at her disposal—surely these are things worth some sacrifice! There are too higher and holier compensations which strengthen her hands in well-doing.

Twenty-three branches of the order have been established in less than three years. In five of these the work has been carried on in cottage hospitals, but just as fine results have been achieved by the nurse in the district. Many an infant owes his eyesight to her attention and to her carefully instructing the mother how to carry on the same treatment in her absence; many a mother has been saved from septicæmia by the precautions which only a trained nurse knows how to take; and cleanliness and order have been permanently established in not a few homes through the force of her example.

It is hoped that these sketches of the training and of the character of the work in the Victorian Order will appeal to many, and that the new year will bring into the ranks of the order women who are ready, by training, and willing, through love and the desire to serve, to obey the command,—

“Whatsoever He saith unto you, do it.”

CHARLOTTE MACLEOD,
Chief Lady Superintendent.

LETTERS

FROM OUR ENGLISH CORRESPONDENT

QUEEN VICTORIA AND THE PROFESSION OF NURSING

DEAR EDITOR: Just now, when we are all grieving over the death of our great and good Queen, and all eyes are turned upon her personality, a few words concerning her in her relation to nursing will be timely. The Queen's reign has seen the dawn and the extraordinary development of scientific nursing, for until the time of the Crimean War nursing, as we understand it, was unknown. Queen Victoria followed with the keenest interest the work of Miss Florence Nightingale and her colleagues in the Crimea, and later gave practical evidence of this by laying the foundation-stone of St. Thomas's Hospital when the present magnificent structure was erected, and the Nightingale School was founded in connection with it. Notable events in the Queen's reign in relation to nursing have been the establishment of the Army, Navy, and Indian Army Nursing Services. As at present constituted these organizations are merely the nucleus of what will eventually become efficient State departments for the careful nursing of our soldiers irrespective of rank. During her reign Queen Victoria paid constant visits to the Royal Military Hospital at Netley, and as a special mark of her recognition she instituted in 1883 the order of the Royal Red Cross “For zeal and devotion in providing for and nursing sick soldiers, sailors, and others with the army in the field, on board ship, or in hospitals.” Foreign as well as British subjects are eligible.

In 1887 the Queen Victoria Jubilee Institute was founded by her for supplying district nurses to the poor in their own homes. The Queen devoted to this purpose the sum of seventy thousand pounds, the Jubilee offering of the women of England, and it is with this branch of nursing that her name will be forever associated.

Not only in England, but in Scotland, Ireland, and Wales Queen's nurses are now at work, the head-quarters of the institute being at St. Katherine's Hospital, London. The president is the master of St. Katherine's, a clergyman of the English church, a curious appointment, the origin of which, no doubt, comes down to us from mediæval times, when brethren and sisters lived a conventual life in obedience to the direction of their appointed master, but one which is out of touch with the present age, when the active control of a man unversed in nursing requirements in an association of trained nurses appears an anomaly.

In 1891 the Queen once more showed her practical interest in nursing by granting the prefix "Royal" to the British Nurses' Association, founded upon the initiation of Mrs. Bedford Fenwick and some public-spirited matrons, to obtain legal status for trained nurses, and in order that they might enjoy the benefits of professional coöperation, and again in 1893, when the matrons who had founded it had an effective share in its management and the association was at the height of its power and usefulness, it was granted a royal charter by the Queen in Council.

UNION JACK.

(To be continued.)

A MODERN ASSOCIATION IN GERMANY

[The following account of the work of an association which demonstrates vividly the world-wide pressure of the "woman's movement" towards fuller self-development and personal freedom has been kindly written for the JOURNAL by Lady Brandis, wife of Sir Dietrich Brandis, a scientific man of much prominence.—ED.]

BONN, KAISER STRASSE.

THE AMERICAN JOURNAL OF NURSING.

DEAR EDITOR: As you think that some information about the "Diakonie Verein" may be interesting to your readers, I shall try and give you a little sketch of its guiding principles.

The "Diakonie Verein," which has now been in working order for five years, owes its existence to Professor Zimmer, its present director, formerly superior of a theological seminary in the province of Hessen, Nassau.

Years ago Professor Zimmer recognized the necessity of creating new fields of labor for young ladies of good education who were desirous of devoting their strength and energy to philanthropic work, but who did not feel disposed to enter a deaconesses' institution.

In framing the rules for this new undertaking Professor Zimmer was guided by the idea that the sisters joining the "Diakonie Verein" should, as much as possible, retain their individual freedom and independence. The outcome of this principle is that those sisters who have been finally accepted into the inner sisterhood are permitted to share largely in the management of the affairs of the "Verein."

A young lady wishing to enter the "Verein" has first to choose her branch, of which there are three, one for nursing, the educational one, and that for household economy. If, for instance, she wishes to go in for the one of nursing,

she has to apply to one of the lady superiors of a district and has to submit a curriculum vitæ, a health report, and her college certificates. If these testimonials are found to be satisfactory, she is admitted to one of the seminaries of the "Verein;" the seminary is not a college, but means practical training in a large hospital under close supervision and with theoretical instruction given by the leading physician and his staff.

In the majority of cases the lady superior of a district is at the same time the superior of the whole nursing establishment of her hospital, but she may also have sisters of the other branches in her district under her superintendence. It will be seen that her post is a most important one with varied duties, and can only be filled by a sister with a wide experience. The young sister having finished her training in the seminary, the shortest duration of which lasts a year, has to pass an examination, and if she has been successful she is now fit to accept a post and to receive salary. For the next year she is a probational sister and is mostly placed by the authorities which preside over the Verein under the eyes of an experienced sister. The probation year being over, other places can be offered to her, and it is left to her own decision to accept as she likes. She will either have charge of a ward in a hospital and eventually teach novices, or she may accept the work of a parish sister. From either position she can rise to the higher posts the "Verein" has to offer. She will probably belong for a few years to the outer circle, called "Vereinsschwestern," and she may then be admitted by election into the inner circle, called "Verbands-schwestern."

Her holidays are limited to three or four weeks in the year, and it is obligatory for her to subscribe to a pension fund. It is, however, possible for a sister to retire for a longer period from the field of labor, if family duties or ill-health oblige her to do so. Should she wish to leave the Verein altogether, she has to give three-months' notice.

The authorities above mentioned consist of the "Vereinsdirektor," who is supported by a committee and appointed heads of various departments.

How much an undertaking of this kind was needed in Germany is best shown by the number of sisters who now belong to the "Verein," who are grateful for the opportunities thereby offered to them, and by the constant influx of new applications. There is a strong *esprit de corps* already developed among the sisters, especially among those who belong to the inner circle.

It is necessary, finally, to add that the "Evangelische Diakonieverein," which is absolutely self-supporting, is limited to sisters belonging to the Protestant religion.

KATHERINE BRANDIS.



EDITOR'S MISCELLANY

NOTICE of change of address must be sent to the office of the publisher not later than the twentieth of the month before publishing, otherwise a number lost will not be replaced.

BUFFALO, NEW YORK, February 26, 1901.

To New York State Nurses:

The meeting for the purpose of forming a New York State Nurses' Association will be held on April 16 and 17, in the Common Council Room of the City Hall at Albany, New York.

The preliminary meeting will be called at two P.M. on Tuesday, April 16, and an effort will be made to have all business completed in time to enable all delegates to return home Wednesday evening, April 17.

All nurses' clubs, societies, alumni associations, and schools having no organized association are earnestly requested to send delegates, and all resident graduate nurses in New York State are invited to be present and take part in the discussions.

The object of forming a New York State Association is to ultimately secure legislation for the advancement of the nursing profession.

Signed by Committee:

MISS SYLVEEN V. NYE, Chairman,
404 Prudential Building, Buffalo, New York.

MISS ANNIE DAMER,
55 West Mohawk Street, Buffalo, New York.

MISS LAVINIA DOCK,
265 Henry Street, New York City.

MISS EVA ALLERTON,
Superintendent Homœopathic Hospital, Rochester, New York.

MISS ISABELLA MERRITT,
Superintendent Brooklyn Hospital, Brooklyn, New York.

MISS E. V. BURR,
137 West Twenty-first Street, New York City.

THE NEW PUBLIC CONSCIENCE

MR. JOHN GRAHAM BROOKS suggested some interesting problems in his talk before the League for Political Education a short time ago on the acceptance of tainted money for good purposes.

He said that, as a rule, on asking men of high character and moral worth if they would accept money, no matter how it was made, they said "Yes." But when, on pressing them further, he asked if they would take money from, say, a

brothel, they answered "No," and realized that there were limits beyond which they could not go.

Mr. Brooks thought only flagrant cases of bad money-getting could be refused, and that there was a limit to moral responsibility in the matter. Inherited money he thought could be accepted, and money after death, if no conditions were appended thereto; also that certain kinds of institutions could without loss of honor accept money which others could not take; as, for instance, a hospital could, where a church or college could not, and this was demonstrated when he put before different men the case of a Richard Croker Chapel or Art Museum for a college, which shocked their sense of right and seemliness, whilst the suggestion of a Richard Croker Veterinary Hospital did not.

Then he touched on the question of having to consider the motive in giving, whether it was for personal glorification or to buy back a good name and to condone the bad mode of making the money. He said, "The practical man will ask, 'How are you to tell if the money was ill-gotten?'" Mr. Brooks thought that if a man's associates considered him unscrupulous, it was safe to say that his money was not pure money.

He cited instances of people's sensitiveness as to the use of special money. One was connected with the Hooley scandal. A handsome communion service had been given to and gladly accepted by a London congregation, and after the collapse some questioning arose as to whether it could be retained. It was finally kept, but many people thereafter felt they could no longer go to that communion table.

Mr. Brooks spoke earnestly as to the need of making individuals in a corporation responsible for the moral conditions of the affairs in which they were engaged, and thought a great deal too much value was given to mere bigness in the trappings of education, and not enough to the character that was the vital part of it.

H. McD.

[Those who are interested in the growth of this new public conscience in regard to money will find the subject most luminously discussed in an article called "Ill-Gotten Gifts to Colleges" in the *Atlantic Monthly* for November, 1900, by Miss Vida D. Scudder.—Ed.]

MISS LAMPE EXPLAINS

IN answer to various inquiries in regard to "A Working Woman's Trip Abroad," Miss Lampe sends the addresses of the German and French "Pink Books," as she is not always able to answer letters at once:

"Christlicher Ratgeber, Bureau des National-Vorstandes, Leipziger Platz, No. 5, Berlin, W., Germany."

"Bureau Centrale de l'Unione Internationale, Neuchâtel, Switzerland."

She also sends clippings of the ocean steamers as follows, and says, "The North German Lloyd have the twin-screw passenger service, ships which do not carry the mail and are, of course, slower,—twelve days from here to Bremen,—but are in every way excellent and to be recommended."

WILSON LINE (New York to Hull, weekly).—Buffalo, April 6; Ohio, April 13; Consuelo, April 20; Hindoo, April 27.

PHENIX LINE (New York to Antwerp, weekly).—British King, April 6; St. Cuthbert, April 13. First cabin to Hull, thirty-five dollars and upward. Apply to Sanderson & Son, 22 State Street, New York.

ATLANTIC TRANSPORT LINE (New York to London).—Minnehaha, April 6; Manitou, April 13; Mesaba, April 20; Menominee, April 27; Marquette, May 4. These are all modern steamers, luxuriously fitted with every convenience, and all the staterooms are located amidships on upper decks. First cabin passage from New York to St. Pancras Station, London, forty dollars and upward. Office, 1 Broadway.

PRINCE LINE (to the Azores, Naples, and Genoa).—Tartar Prince, April 9; Trojan Prince, April 25; Tartar Prince, June 1; Trojan Prince, June 18. Cabin passage to the Azores, fifty dollars and upward; to Italy, sixty-five dollars and upward. These are new steamers under the English flag, and commanded by British officers. Apply to C. B. Richard & Co., 61 Broadway, New York.

By the death of Miss Kate A. Greiner a loving, helpful presence is gone from us. Her work in the world was done with rare faithfulness, and to the sorrows and sufferings of those about her she ever gave the generous sympathy of a noble heart. She lived not to be ministered unto, but to minister.

PAULINE L. DOLLIVER,

In behalf of the Board of Examiners of the Hospital
Economics Course, Teachers' College.

DEATH OF MISS SIMPSON

MISS JENNIE SIMPSON, Class of '97 of the Rhode Island Hospital Training-School, died at her home in Gagetown, New Brunswick, on Tuesday, March 5.

THE LATE MISS AGNES TAYLOR

THERE passed away on Tuesday afternoon, February 29, after an illness of six months' duration, Agnes, the eldest daughter of Captain Donald Taylor, of the Allan Line. The late Miss Taylor was devoted to her profession of nursing, and her name was the first on the list of applications for entrance to the Training-School of the Royal Victoria Hospital, her badge being distinguished by bearing the number "One." Miss Taylor graduated in 1896, and then took a post-graduate course in Boston. She was advancing very rapidly in her profession when she was struck down by the disease which was to prove fatal, holding at that time the position of assistant superintendent of King's County Hospital, Brooklyn, New York. So highly were her services valued at that institution that the position she held has not been filled, the authorities having hoped that her health would eventually be restored, and that she would have been able to resume her duties. Miss Taylor bore her long illness with exemplary patience and Christian fortitude, and she passed away in the certain hope of everlasting life. She was of a cheerful, kindly nature, sunnily optimistic, and was loved by all who were privileged to call her friend for her many noble womanly qualities.

MISS IDA M. BUNCE, a graduate of the Cleveland Homœopathic Hospital Training-School, Class of '97, died of consumption at her home in Corry, Pennsylvania, January 26, 1901.

MARRIED

MISS F. L. ELLIS, Class of '98 of the Homœopathic Hospital, Cleveland, was married to J. W. Johnson, of New York, January 29.

MRS. M. P. KERR, of the same school, was married to A. G. Williams, of Denver, Colorado, January 23.

MISS L. D. DORSETT, of the same school, was married to Arthur Trousdale, of Leland, Michigan, January 20.

HOSPITAL BURNED

THE Beaver County General Hospital, at Rochester, Pennsylvania, was burned on March 11. All the patients were rescued by the prompt action of the superintendent, Miss Ida May Beams, and those under her.

WE regret very much going to press without Miss Hubbard's fourth number, but we are sure there is some good reason for her failing us. We only hope the hospital at Matanzas is not again in quarantine with another epidemic of yellow fever. All serial papers contributed by nurses in active service must, of course, be subject to the exigencies of a nurse's life.



CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 12, 1901.

BEAR, CARRIE D., transferred from Santa Mesa Hospital, Manila, to transport duty on Indiana en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio waiting orders.

Boruck, Florence M., who has been serving at the First Reserve, Manila, had contract annulled at her own request January 15, to be married on February 1 to Captain Struve, sailing-master of the transport Hancock.

Boyson, Alice M., transferred from Santa Mesa Hospital, Manila, to transport duty. Reported at San Francisco March 1.

Brock, Sarah A., appointed nurse in Nurse Corps February 20 for duty at the United States Army General Hospital, Presidio of San Francisco.

Butler, Mary A., transferred from Santa Mesa Hospital, Manila, to Nagasaki, Japan.

Call, Sylvia, transferred from the Military Hospital, Dagupan, to the First Reserve, Manila.

Cleland, May, transferred from the Military Hospital, Dagupan, to the First Reserve, Manila.

Cox, Sara M., sailed from San Francisco on Sheridan February 16 on return journey to the Philippines.

Clinton, Bee Agnes, transferred from Dagupan to transport duty en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio waiting further orders.

Craig, Mary E., transferred from Convalescent Hospital, Corregidor Island, to transport duty on Meade. Reported at San Francisco March 1.

Felt, Caroline E., formerly at the Santa Mesa Hospital, Manila, has been discharged from the Nurse Corps.

Graham, Catherine B., sailed from San Francisco on the Sheridan February 16 on return journey to the Philippines.

Hasemeyer, Augusta D., transferred from the Military Hospital, Dagupan, Philippine Islands, to the First Reserve Hospital, Manila.

Hearn, Mrs. Mary, formerly on duty at Hamilton Barracks, Matanzas, Cuba, has been discharged from the Nurse Corps.

Howard, Carrie L., transferred from Santa Mesa Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio, waiting orders.

Kelly, Lucy S., recently reported in Manila, first assigned to duty at the First Reserve Hospital and afterwards to the Convalescent Hospital, Corregidor Island.

Kennedy, Mary J., recently reported in Manila, first assigned to duty at the First Reserve Hospital and later to the Convalescent Hospital, Corregidor Island.

King, Ella B., sailed on Sheridan February 16 on return journey to the Philippines.

Kolp, Marie A., formerly on duty at the Military Hospital, Dagupan, Philippine Islands, discharged from the Nurse Corps.

Lake, Mabel I., transferred from the First Reserve Hospital, Manila, to transport duty en route to United States. Arrived in San Francisco February 28 and assigned to temporary duty at the Presidio waiting orders.

Lamb, Sarah A., transferred from First Reserve Hospital, Manila, to duty at Nagasaki, Japan.

Langenberger, Lillian, formerly on duty at the United States Army General Hospital, Presidio of San Francisco, discharged from the Nurse Corps.

Lewis, Nellie A., formerly on duty at Cabana Barracks, Havana, Cuba, discharged from the Nurse Corps to accept position in civil hospital in Cuba.

Livingston, Mrs. Tessie, transferred from the United States Army General Hospital, Presidio of San Francisco, to duty in the Philippines. Sailed on Sheridan February 16.

McCord, Harriet L., transferred from Santa Mesa Hospital, Manila, to duty at Nagasaki, Japan.

McDonald, Jeannette, transferred from the Military Hospital, Calamba, Philippine Islands, to duty at the United States Army Hospital, Presidio of San Francisco. Reported February 6.

Mahlum, Helene, reported in Manila from transport duty and was ordered to Santa Mesa Hospital, Manila, January 28.

Meech, Marietta L., transferred from the Military Hospital, Iloilo, Philippine Islands, to the First Reserve, Manila, to await orders for transport duty.

Mitchell, Janet D., transferred from the First Reserve, Manila, to duty at Nagasaki, Japan.

Moore, Marie Eva, reported at the Second Reserve Hospital, Manila, from transport duty.

Morrison, Henrietta C., reported in Manila from transport duty and was ordered to duty at the First Reserve January 28.

Murrin, Maude G., appointed chief nurse at Military Hospital, Dagupan, Philippine Islands, in place of Miss Rose Tweed.

O'Brien, Annie E., formerly on duty in Cuba, discharged from the Nurse Corps to accept position in a civil hospital in Cuba.

Reed, Augusta G., recently reported in Manila from transport duty and ordered to the Santa Mesa Hospital January 28.

Salter, Mrs. Marguerete, sailed for the Philippines on the Sheridan February 16.

Schuler, Johanna, appointed nurse in Nurse Corps March 1 for duty at the United States Army General Hospital, Presidio of San Francisco.

Sigsbee, Harriet E., formerly on duty at the Santa Mesa Hospital, Manila, discharged from the Nurse Corps.

Smithwick, Georgie, formerly on duty at the First Reserve Hospital, Manila, discharged from the Nurse Corps.

Tullis, Victoria A., formerly on duty at the Military Hospital, Dagupan, Philippine Islands, discharged from the Nurse Corps.

Tweed, Rose Anna, formerly chief nurse at Military Hospital, Dagupan, Philippine Islands, granted leave of absence.

Wilson, Genevieve, transferred from the First Reserve Hospital, Manila, to duty at Nagasaki, Japan.

Wilson, Sibbie, recently reported in Manila from transport duty and ordered to duty at the First Reserve January 28.

Wyckoff, Alice M., formerly on duty at the United States Army General Hospital, Presidio of San Francisco, discharged from the Nurse Corps.

Zaner, Abbie H., formerly on duty at Military Hospital, Calamba, Philippine Islands, discharged from the Nurse Corps.

Zeller, Clara M., recently reported in Manila from transport duty, ordered to the Santa Mesa Hospital January 28.

NOTE.—The passage of the Army Reorganization Bill with its section providing for the Army Nurse Corps annulled on the day of

its signature by the President all the contracts of nurses in the service, and their pay passed from the hands of the Medical Department to the Pay Department. To avoid any complications, all members of the corps were at once appointed under the new form, these papers bearing date of February 2, the day of the signing of the bill. Hereafter members received into the corps will be spoken of as having been "appointed" and those whose connection with it is severed as being "discharged," there being no longer any contracts in existence.

DITA H. KINNEY,
In Charge Army Nurse Corps.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,

WASHINGTON, March 16, 1901.

DEAR MISS PALMER: I am glad to be able to inform you that the Secretary of War has to-day sent the Surgeon-General my appointment under the new law as the "Superintendent of the Nurse Corps." How earnestly I bespeak the hearty support and confidence of all the members of my profession I have simply no words to express! I to-day assume the responsibilities with a renewed sense of all that they mean to the Nurse Corps as well as to each and every member of our beloved profession, and earnestly hope that I may be endowed with all the attributes necessary to the wise, just, and successful discharge of my duties.

Gratefully acknowledging your many kindnesses,

Believe me to be,

Cordially yours,

DITA H. KINNEY.



THE EDITOR

THE meeting of the New York State nurses called for April 16 and 17 will be in the nature of a conference. Not "Shall we organize?" but "*How* shall we organize?" is the great question. A State society cannot be formed with an individual membership, but the nurses must organize in local clubs before the final State association can be formed. It is to determine *what* form of local organization is best that this meeting is called, and having decided that most important question, a committee to draft a constitution, to report at a subsequent meeting, can be appointed, such form of local organizations as may be decided upon to be formed in the meantime.

Arrangement will be made for delegates to register at the City Hall at one o'clock on the 16th.

This meeting should be a non-partisan deliberation of the men and women nurses of the State, with the best interests of the profession at large the point in view. This is by far the most important step undertaken by any group of nurses in the world, and we trust they may be given wisdom in proportion to the demands of the occasion.

SECTION 19 of the "Army Reorganization Bill" has become a law so quietly and so unobtrusively that it is exceedingly difficult to tell by what means this change has been brought about.

A year ago great numbers of the nursing profession were agitated over the subject of what was called the "Army Bill." The principal feature of this bill was that trained women nurses should remain permanently in the army, in times of peace as well as war, that our soldiers might have the same degree of intelligent care and skilled nursing that is provided for the poorest of our people in the cities and large towns throughout the country. An important clause in the bill was that this Nursing Corps, having become permanent, should be under the supervision of a woman, who should be a trained nurse, qualified to direct this section of the medical department of the army, subject, of course, to the control of the Surgeon-General. The final report of the "Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army" is given on another

page. This committee claims no special credit for Section 19. The conditions which are specified in this bill, making the employment of women nurses permanent and providing that the woman at the head of the Nurse Corps shall be herself a trained nurse of ability, have been in practical operation for so long a time that the bill becomes a law without attracting much attention. Unquestionably the Military Committees of the House and the Senate have been influenced by the strong expressions of opinion which they have received through different channels from organizations of nurses throughout the country. The work of the committee, although so quietly done, undoubtedly has had its influence, and we must give to Dr. McGee every acknowledgment for having upon her retirement left the conditions of her department in the army as nearly as possible in accord with the wishes of the nursing profession.

From the beginning of the war until now there has been a tendency on the part of the women of the profession to assume no responsibility for any unfavorable criticisms that have been made upon the nurses in the army, forgetting, apparently, that all of these women have received their training in the civil hospitals, and that the medical department of the army, in meeting a great emergency, had little time for thorough investigation or careful selection. This emergency period having passed, and many chaotic conditions incident to that period having been remedied, and the wishes of the women of the profession having been so carefully respected by both houses of Congress, we can no longer evade our responsibility in this matter, but must give to the woman in charge every assistance that she may require to make the Nursing Corps of our army an example for other nations to follow.

We know from excellent authority that Mrs. Kinney's appointment has been most satisfactory to those members of the Army Nurse Committee who have been untiring in their efforts to bring about this change. We feel confident that Mrs. Kinney, owing to her own experience in garrison life, will use every means in her power to exclude from the corps that class of women who, by their unwomanly conduct and lack of dignity, have given occasion for much of the criticism that we hear on the nurses of the army.

The important question for the Superintendents' Society to consider, in coöperation with Mrs. Kinney, is whether or not it is practicable to give to the nurses in training some special instruction with reference to the army service. The suggestion that provision should be made in our training-schools for such instruction was made to us some time ago by Mrs. Chadwick, the wife of Captain Chadwick, of the navy, and the time seems to us to have come when her idea might take practical form.

